

FOR ADMINISTRATIVE PURPOSES ONLY	
Date Received:	
Received by:	
Date Reviewed:	
Amount Requested:	
Amount Granted:	



GLOBALFOUNDRIES / Town of Malta Foundation, Inc.

2017 Community Benefit Grant Application

The GLOBALFOUNDRIES-Town of Malta Foundation was established to fund organizations, programs and projects that provide tangible benefits of a public nature to the community and citizens of the Town of Malta. Please review the following application criteria and instructions carefully before completing and submitting your application. The Board reserves the right to reject any application that does not meet the criteria without further notice and at its discretion.

Application Deadline: Complete grant applications must be received by the Board by **October 27, 2017**.

Grant Award Date: Grants will be announced and awarded in December 2017. Recipients will be invited to an award ceremony at the David R. Meager Malta Community Center.

Selection Criteria: The Board will review applications using the general criteria listed below. All evaluations will be made by the Board and subject to its discretion.

- Applications will be accepted only from not for profit entities.
- Grants will be awarded only upon demonstration to the Board's satisfaction that the grant will result in a **clear benefit to the Community and Citizens of Malta**.
- Organizations based in Malta are strongly encouraged to apply; however, applications are welcome from any qualifying organization intent on contributing to the mission and meeting these criteria.
- Applications that leverage grant funding to achieve maximum benefit are preferred.
- Use of funds directly in the Town of Malta is favored; however any use of funds with demonstrable benefits to the Community and Citizens of Malta will be considered.
- Applications supporting under-served segments of the Community are favored and encouraged.
- Applications from previous grant recipients are subject to further evaluation/justification of the actual benefits delivered in past years and a continuing demonstration of need.
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Recipient Requirements:

- Recipients consent to the use by the Foundation of their organization name, logos, and images from the grant award ceremony and any events or assets associated with the grant.
- Recipients agree to use all grant funds for approved purposes no later than one year after date of award.
- Funds should not be used to supplant funding already in place.
- Recipients agree to make best efforts to acknowledge the Foundation grant publicly and using the Foundation logo where appropriate.
- Recipients agree to account for the use of all funds in strict compliance with the terms of the grant award letter. Documentation shall be submitted within 30 days of the use of those funds and include the following:
 - Receipts demonstrating appropriate use of all funds;
 - Photographs of purchased assets and/or events held;
 - Written description clarifying the benefits achieved by the Grant; and
 - Relevant metrics demonstrating the benefits delivered.
- Any unused funds shall be returned to the Foundation by the end of 2018 unless specific written approval is granted by the Foundation to carry over the funds to the following calendar year.

Submittal Instructions: This form should be completed and submitted either by mail or online.

Mailing Address: GLOBALFOUNDRIES-Malta Foundation, P.O. Box 2914, Malta, NY, 12020

Email Address: gf.maltafoundation@gmail.com

Online Submittal: <https://sites.google.com/site/gfmaltafoundationorg/home>

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Please complete all sections of this form. Please do not submit additional materials. We will request additional information as needed.

1. Organization Information

- a. Name: _____
- b. Organization Tax ID Number (if applicable): _____
- c. Contact Person's Name: _____
- d. Contact Person's Title: _____
- e. Contact Person's Email Address: _____
- f. Street Address: _____
- g. City: State: Zip Code: _____
- h. Phone: _____
- i. Organization's Website Address (if available): _____
- j. Board of Directors: _____

- k. Geographic Area Served: _____
- l. Please provide the organization's budget, including volunteer donations, volunteer hours, and in kind contributions. Please also identify the top 3 other funding sources for the organization:
 - 1. _____
 - 2. _____
 - 3. _____
- m. Does your organization receive any government funding? _____
 If yes, please describe: _____

- n. Please provide a brief description of the organization's mission & purpose: _____

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Check up to three applicable categories that describe the mission of your organization:

	Advocacy		Education
	Historical Preservation		Scientific Research
	Community Special Events		Sports/Recreation/Social
	Conservation/Environmental		Youth Activities
	Cultural/Community Arts & Theatre		Health Services
	Housing		Emergency Services
	Counseling Services		Domestic Violence Services
	Veteran Services		Food Bank
	Religious		Senior Services
	Other		

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2. SPECIFIC GRANT REQUEST INFORMATION

a. Name of Project, Event, or Use of Grant (Short): _____

b. Amount of funds requested: _____

Please break down budget as follows:

i. Personnel: _____ ii. Equipment: _____ iii. Support: _____

c. How will the Grant be used? (Please use additional space in Section 3 if needed.)

d. Date of project or completion of use of funds: _____

e. What percentage of this donation will be used for the stated purposes? _____

f. What percentage of this donation will be used for administrative purposes? _____

g. What is the total fund raising goal for this program or project/? _____

h. How much money has been raised toward that goal to date? _____

Please identify the top 3 other additional funding sources for this program or project:

- i. _____
- ii. _____
- iii. _____

i. Is the successful use of these funds contingent upon anything except the grant award? _____

If yes, please describe the contingency and how that will be managed.

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3. ADDITIONAL INFORMATION

Please use this space to provide any additional detail you think will assist the Board of Directors in evaluating your application.

4. ATTESTATION AND SIGNATURE

By signing this application, the applicant representative attests that all information provided is true and correct, that they are authorized to represent the applicant organization, and that the applicant and application satisfy the grant criteria, including the status of the applicant as a not for profit organization.

Applicant Representative's Name

Title

Signature

Date