***EUNICE FRYE HOME FOUNDATION***

The purpose of The Eunice Frye Home Foundation shall be to continue the Home’s tradition of services to the community by awarding grants to not-for-profit organizations that provide programs and/or services to improve or enhance the quality of life for the people in the Greater Portland area. The Foundation in responding to the needs of the community it serves, focuses its funding priorities in the areas of:

* Elderly Services
* Community Services
* Social Services
* Educational Services

**Note:** From time to time, the Foundation may make awards to organizations and institutions who have made no formal request, whom we have recognized for exemplary work, and whose continuing work and mission would be more fully enhanced and supported by the funding.

The Foundation annually awards charitable grants *only* to organizations which are tax-exempt under Section 501(c)3 of the Internal Revenue Code, not to private *foundations* under Section 509 of the Code, nor to governmental entities. The Foundation generally does not fund multi-year requests. We do not fund awards to individuals or to religious organizations.

**Applications for grants must be received by the Foundation between April 1st and May 31st.** Please send three (3) copies of the application and all accompanying documentation. The Board of Directors of the Foundation will meet in July to review recommended applications for the grants and to make awards. Those organizations submitting grants will be notified of the Foundation’s decisions by August 31st.

To be considered, please submit a **completed** application, which consists of:

1. The application certification, project description, application form and budget pages;
2. A copy of the organization’s most recent Section 501(c)3 IRS Ruling;
3. A copy of the organization’s most recent financial statement or tax return; and
4. A list of officers and directors of the organization.

Letters and completed grant application requests should be addressed to:

**The Eunice Frye Home Foundation**

**Elizabeth A. Small, Trust Administrator**

**c/o HM Payson & Co.**

**PO Box 31**

**Portland, ME 04112-0031**

**(207) 772-3761**

***EUNICE FRYE HOME FOUNDATION APPLICANT CERTIFICATION***

*(Please copy or cut, paste and print on your letterhead)*

To: The Board of Directors of The Eunice Frye Home Foundation

The applicant hereby give assurance that:

1. The activities and services for which assistance is sought will be administered by or under the supervision of the applicant;
2. Funds received under this application will be used in accordance with the request;
3. The filling of this request has been authorized by the Board of Directors of the applicant;
4. The requesting organization is recognized by the IRS as a tax-exempt, nonprofit organization and is not a private foundation.

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, do attest that the information contained in this application is true and correct to the best of my knowledge.

Signature of authorized representative of organization

Name (printed):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***EUNICE FRYE HOME FOUNDATION APPLICATION FORM***

1. GENERAL INFORMATION

	1. Organization Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
	2. Year Organized:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
	3. Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
	4. Telephone No.:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
	5. Contact Person & Title:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
	6. Email Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
	7. Tax ID#:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. SPECIFIC INFORMATION

(if the space provided is insufficient, the following can be provided in an attachment of no more than two (2) doubled spaced pages)

* 1. Funding requested from the Eunice Frye Home Foundation:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
	2. What is the type of use for which the funding is being requested?

	\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
	3. What are the expected measurable benefits?

	\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
	4. How will you regularly measure, document, and evaluate your results, (both qualitative and quantitative) and what will be the impact of your project in your community?
	5. Attach a line item budget for this project listing all funding sources.
	6. Funding Continuation: How will the project continue to be funded and sustained at the end of the grant?