

<p>Maynard Community Chest 2025 Funding Application</p>

Date:

Organization Name:

Tax Exempt ID#:

Address:

Phone:

Email:

Website:

Name of Executive Director/Contact person for Agency:

Agency Mission (one or two paragraphs):

Total Annual Organization Budget:

Please return:

- 5 copies of completed application
- 1 copy of annual report for current fiscal year
- 1 copy of IRS 501(c)(3) determination letter
- several agency brochures or other materials, if available

TO:

Maynard Community Chest

P.O. Box 369

Maynard, MA 01754

In addition, please send via email a completed application to: info@maynardchest.org

Applications must be postmarked on or before Friday, April 25, 2025.

Please note that in our evaluation, we prioritize the following criteria, if applicable:

- Demonstrable knowledge of how your organization impacts the Maynard community
- Clearly articulated plans for how our funds will be used
- Impact of Maynard Community Chest funds on your organization
- Effort to evaluate your organization’s programs and services
- Collaboration with the Maynard Community Chest throughout the year

Application Instructions

Please include the following information in the proposal: (in a maximum of 5 pages)

Applicant Organization:

- Mission and brief history
- Major programs and geographic scope of services
- Organizational structure and number of staff

Major Programs:

- The target population and community needs to be addressed
- The specific purpose and amount for which funding is sought
- How programs particularly impact the Maynard community

Evaluation Process:

- Explain in detail how, and from what methods, you know that your services are meeting the needs of the people you serve

Budget:

- Itemized expenses (e.g. salaries, equipment, printing)
- Projected revenue, including all funding sources (in-hand and anticipated) and amounts for each source
- Allocation of funds from the Maynard Community Chest

Appendices:

- List of board of directors, their contact information and affiliations

Services to Maynard

Town	Hours of Service	%	# People Served	%
Maynard				
All other Towns				
Total (2023)		100		100
Last Fiscal Year (Maynard only)				

Budget Report

Use the following budget as a template for submitting this report. If your organization already produces a formal budget, that is acceptable for submission.

Fiscal Year:

From _____ **To** _____

Income

Source	Last Year	Current Year	Next Year
Fee for Services			
Community Chest/United Way			
Federal Grants			
State Grants			
Local Grants			
Membership Dues			
Annual Fundraising			
Bequests			
Investment Income			
Other			
TOTAL			

Expenses

	Last Year	Current Year	Next Year
Salaries			
Benefits			
Building Expenses			
Rent			
Utilities			
Office Expenses			
Phone			
Supplies			
Audit			
Legal/other			
Capital Equipment			
Program Expenses			
Material/Supplies			
Transportation			
Postage			
Other			
TOTAL			