Funding Application
Fiscal Year 2026

SECTION 1: ORGANIZATION INFORMATION

1. **Organization Name:**

   _____

   (Please enter the full name of your organization.)

2. **Mailing Address:**

   _____

   (Provide the organization's complete mailing address.)

3. **Contact Person:**
   - Name: _____
   - Title: _____
   - Phone: _____
   - Email: _____

4. **Mission Statement:**

   _____
   _____
   _____
   _____
   _____
   _____
   _____
   _____
   _____
   _____
   _____

   (Briefly describe the mission or purpose of your organization.)

5. **Tax Status:**
    - Is your organization a 501(c)(3)? Yes ☐ No ☐
    - Federal Tax ID:
6. **Organizational Description:**
   (Provide a brief overview of your organization, including its history, purpose, and key activities.)

7. **Total Annual Budget for the Organization (Current Fiscal Year):** $_____

SECTION 2: FUNDING REQUEST DETAILS

1. **Total Amount Requested from the City of Ellsworth:** $_____
2. **Is this funding request for a special project?**
    - Yes ☐ No ☐
    - If yes, please describe the project, including its goals, timeline, and anticipated outcomes:

3. **Summary of Request:**

   (Provide a brief description of the program, project, or initiative for which funding is being requested. Include its purpose and intended impact.)

4. **Work Elements:**

Work Element	Cost ($)	Expected Deliverables	Population/Area Benefitted

(Break down the request into specific, stand-alone work elements such as activities, programs, or functions. List in order of priority.)

SECTION 3: BUDGET INFORMATION

1. **Detailed Budget Breakdown:**

Expense Category	Cost ($)	Source of Funds (City Request/Other Funding)

(List all expenses related to the work elements or project. Include personnel costs, materials, supplies, and any other expenses.)

2. **Other Funding Sources:**
   - Have you secured other funding for this project? Yes ☐ No ☐
   - If yes, list sources and amounts:

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3. **Matching Funds:**
   - Are matching funds received for this project? Yes ☐ No ☐
   - If yes, what percentage of the total funding is covered by matching funds? _____%

4. **Other Forms of Funding:**

(List any other types of funding your organization receives or has obtained, such as grants, donations, sponsorships, or earned revenue.)

SECTION 4: EXPECTED DELIVERABLES

1. **Describe the Specific Benefits to Ellsworth Residents:**
    - How many Ellsworth residents does your organization serve annually? _____
    - Describe the specific services or benefits provided to Ellsworth residents:

2. **Measurable Outcomes:**

(What outcomes will you measure to demonstrate the success of this initiative? Include key performance indicators or milestones.)

SECTION 5: ADDITIONAL INFORMATION

1. **Organization Background:**

   (Provide a brief history of your organization, highlighting past successes and experience in similar projects.)

2. **Attachments:**
   - ☐ Organization Budget (Annual Operating Budget)
   - ☐ Proof of Non-Profit Status (if applicable)
   - ☐ Any Additional Supporting Documentation

SECTION 6: ACKNOWLEDGEMENT

I acknowledge that this funding request must be submitted by the deadline of **Friday, February 14, 2025, at 12:30 PM**, to be considered. I understand that it is my responsibility to confirm receipt of my application. I understand that late submissions may not be approved, and it is the responsibility of my organization to adhere to the application process and timeline outlined by the City of Ellsworth.

Authorized Representative Name (Print): _____
Title: _____
Signature: _____ Date: _____

Please submit this completed application, along with all required attachments, to **Nate Moore, Finance Director**, and **Ashlie Brown Financial Analyst** via email at **nmoore@ellsworthmaine.gov and copy abrown@ellsworthmaine.gov** by the stated deadline. In-person/USPS mail can be delivered to the Attention of Nate Moore and Ashlie Brown Finance Department at 1 City Hall Plaza Ellsworth, Maine 04605.

Failure to confirm receipt of an application—whether emailed, mailed, or delivered in person—will be treated as non-submission. It is the organization's responsibility to ensure the application is received by the City. No exceptions will be made for claims that an application was mailed, emailed, or dropped off without verification.

If you have any questions or need further assistance, contact Nate Moore at (207) 669-6624 or Ashlie Brown at (207) 669-6602.

Thank you for your interest in working with the City of Ellsworth!