

Town of Cape Elizabeth
Returnable Bottle Shed Grant Application

Bottle Shed grants are intended to benefit Cape Elizabeth-based not-for-profit and non-profit service clubs and organizations that serve the youth of Cape Elizabeth. Organizations must complete this application by the date indicated below and provide the organization's W-9 form. Organizations may submit no more than one application per year.

Please return the completed application and accompanying documents (W-9 and organization summary) by mail to Jay Reynolds at Cape Elizabeth Public Works, 10 Cooper Drive, Cape Elizabeth, ME 04107 or via email to jay.reynolds@capeelizabeth.org.

Application Deadline: 4:00 p.m., October 18, 2024

Name of Organization: _____

Date Organization was established: _____

Organization Tax ID Number: _____

Amount Requested: \$ _____ *(Please provide an actual dollar amount)*

How many children benefit from the Organization each year: _____

Organization Annual Operating Budget: _____

Organization Contact Information

Name: _____

Address: _____

Phone Number: _____

Email Address: _____

Attach a brief summary describing the organization, explaining the impact the Organization has on the youth in Cape Elizabeth, defining specifically what the grant money will be used for and the benefit the grant money will have on the Organization. *(Please limit your answer to 500 words)*

Is the Organization funded by another source(s)? Please list the source(s) and what percentage of the annual budget is paid for by that source(s).

Does the Organization incorporate any environmental sustainability efforts into its programs? If so, please describe:

If the Organization received grant money in 2023, please provide a detailed summary of how the money was used.

Please be as specific as possible.

Is the Organization involved with the Cape Elizabeth School Department? If so, in what way?

Is the Organization established with the CEHS Student Activity Account? Please circle: Yes No

Person Responsible for Receiving Payment:

Name: _____

Title: _____

Mailing Address: _____

Phone Number: _____

Email Address: _____

As the person responsible for completing this application, please sign and date below:

Name and Title

Signature

Date

In order for this application to be deemed complete, these items are required to be submitted prior to the deadline:

Application* *Tax Identification Number* *W-9* *Organization Summary

For Office Use:

Date Received: _____

Status:

Complete

Incomplete

Documentation:

Summary

Tax ID Number

W-9