

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. Organizations may submit no more than one application per year.

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

Application Deadline: 4:00 p.m. Friday, October 15, 2021

Name of Organization: _____

Date organization was established: _____

Organization Tax ID number: _____

Amount Requested: \$ _____

How many children benefit from the organization each year: _____

Organization Annual Operating Budget: _____

Organization Contact Information

Name: _____

Address: _____

Phone Number: _____

Email: _____

Attach a brief summary describing the organization, explaining the impact the organization has on the youth of Cape Elizabeth, defining specifically what the money be used for, and the benefit this 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:***

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? (Circle one) Yes No

Person Responsible for Receiving Payment (If the organization is established with the CEHS Student Activity Account, funds will be sent to the Student Activity Coordinator for deposit.)

Name: _____

Title: _____

Mailing Address: _____

Phone Number: _____

Email: _____

The person responsible for completing this application, please sign and date below.

Name and Title

Signature Date

In order for an application to be deemed complete, the following is required to be submitted prior to the deadline: • Application • Tax Identification Number – See page 1. • W-9 • Summary

For Office Use: _____ Date Application Received _____ Complete _____ Incomplete

_____ Summary _____ Tax Identification Number _____ W-9