West Chop Community Fund Grant Application

*The West Chop Community Fund ("**WCCF**") focuses on seven areas of need on the island of Martha's Vineyard: (i) Affordable Housing; (ii) Children's Health and Welfare; (iii) Clean Water; (iv) Education and Workforce Development; (v) Food Security; (vi) Health & Aging; and (vii) Substance Abuse Counseling and other related services. The WCCF will not award grants outside of these areas of focus, so please do not apply if your organization has a focus different than those listed above.*

Grant Year: 2026 – 2027
Application Deadline: October 31, 2026

The "Grant Year" is the period within which grant funds are expected to be expended. Submission of this Application does not obligate WCCF to award a grant. WCCF may request additional information from any Applicant and may decline any Application in its sole discretion.

BACKGROUND INFORMATION

1. **Applicant's Legal Name:**

   Other name(s) under which the Applicant operates (d/b/a), if any:

2. **Point of Contact:**

   Name:

   Title:

   Email Address:

   Phone Number:

3. **Is the Applicant recognized by the Internal Revenue Service as exempt from federal income taxation under Section 501(c)(3) of the Internal Revenue Code and in good standing with the Internal Revenue Service, the Massachusetts Secretary of the Commonwealth, and the Non-Profit Organizations / Public Charities Division of the Office of the Massachusetts Attorney General?**

   ☐ Yes
   ☐ No

   If the Applicant answered "No" above, please describe its legal structure and state whether the Applicant has a fiscal sponsor. If the Applicant has a fiscal

sponsor, please identify the sponsor by legal name and EIN and provide a contact person.

4. **(a) Is your organization based on the island of Martha's Vineyard?**

   ☐ Yes
   ☐ No

   (b) Does your organization serve residents of the Island?

   ☐ Yes
   ☐ No

   If the answer to (a) is "No," please describe how the project or program for which funding is sought serves Island residents.

5. **What is the primary focus of this grant request? Please select the single option below that best describes the primary focus of the project or program:**
   ☐ Affordable Housing
   ☐ Children's Health and Welfare
   ☐ Clean Water
   ☐ Education and Workforce Development
   ☐ Food Security
   ☐ Health & Aging
   ☐ Substance Abuse Counseling and/or Other Related Support Services

   If the project or program also addresses a second area of focus listed above, you may identify it here:

OPERATIONAL INFORMATION

6. **Please provide the Applicant's EIN / Tax ID Number:**

7. **Please provide the Applicant's mailing address:**

8. **Please provide the Applicant's physical address if different from the mailing address.**

9. **Please provide the Applicant's website address, if applicable.**

10. **Please provide a brief history of your organization and indicate the year of its founding.**

11. **Please state how your organization is governed or managed, including the names of the Board of Directors or Trustees, if any. Please also identify the Applicant's chief executive (by whatever title) and the chair or president of its governing board, if different from the point of contact identified in Question 2.**

12. **What is your organization's total operating budget (total budgeted expenses) for its current fiscal year? Please also state the Applicant's fiscal year end.**

13. **How many people, on average, benefit from your organization's activities on an annual basis? Please provide an unduplicated count and describe briefly how that number is determined.**

14. **Please list your organization's top five funders or funding sources and include their respective contributions in the Applicant's most recently completed fiscal year.**

    (i)
    (ii)
    (iii)
    (iv)
    (v)

15. **What other resources do you have already that will be used for the requested project or program? Please list all other current agency support and requests of support for this project, including amounts requested and anticipated timing of funding. Please indicate whether each amount is committed or still pending.**

16. How many volunteers participate in your organization?

17. How many employees are on your payroll? Please state the number of full-time and part-time employees separately.

PROJECT INFORMATION

Please provide the following information pertaining to your proposed or existing project / program.

18. Project / Program Title.

19. Describe in detail the project or program for which you are seeking a WCCF grant. Please limit your response to approximately 500 words.

20. Amount Requested:

Is this request for (select one):

- ☐ Support restricted to the project or program described above
- ☐ General operating support

If any portion of the amount requested will be applied to indirect or administrative overhead, please state that amount and the basis on which it is calculated.

Is this a request for multi-year funding? If so, please state the amount requested for each year and the period to be covered.

21. What specific urgent and unmet need does this project or program address?

22. Describe the participant demographics for this project or program, including the estimated number of individuals to benefit from the project / program, and the process for identifying and enrolling participants into the project / program.

23. Describe how and when the funds will be used. Your response should be consistent with the itemized cost estimate requested in Item 29 below.

24. Are there any time requirements for the distribution of the funds requested?

25. Do other organizations provide similar services in your area? If so, what differentiates this project or program?

26. Demonstrate or explain the path to financial sustainability if this project or program is successful.

27. What does success look like and how will you measure the impact?

PRIOR WCCF SUPPORT

28. Has the Applicant previously received one or more grants from WCCF?

- ☐ Yes
- ☐ No

If yes, for each such grant please state the year in which it was awarded, the amount, the project or program funded, and a brief description of the results achieved. If any portion of a prior grant was not used for the purpose described in the Applicant's application for that grant, please explain.

ADDITIONAL INFORMATION

Please do not submit information identifying individual program participants, donor lists, or other sensitive information concerning third parties. Except as WCCF expressly agrees in writing, materials submitted in connection with this Application are not submitted in confidence, and WCCF assumes no obligation to treat them as confidential. Nothing in this paragraph relieves an Applicant of its obligation to provide information requested by WCCF under the Grant Conditions and Acknowledgments set forth below.

29. Please submit a specific itemized cost estimate for your project.
30. Please submit the Applicant's most recent annual report, if any, and its most recent financial statements, including a balance sheet and statement of activities, together with its current annual operating budget.
31. Please submit a copy of the Applicant's IRS determination letter under Section 501(c)(3). If the Applicant is not itself a 501(c)(3) organization, please submit the determination letter of its fiscal sponsor.
32. Please submit any pictures, renderings, and/or any presentation materials (PowerPoints, PDFs, *etc*.) of your facility or project/program.
33. **Please include your organization's name in electronic file names.**

Please note that you may upload multiple files at once to the WCCF submission portal, so please include the information requested above when you submit your application.

GRANT CONDITIONS AND ACKNOWLEDGMENTS

By submitting this Application, the Applicant acknowledges and agrees that, if WCCF awards a grant to the Applicant:

(a) ***Use of Funds***. The grant funds will be used solely for the project or program described in this Application and for no other purpose without WCCF's prior written consent.

(b) ***Information Requests***. The Applicant will respond promptly and in good faith to any request by WCCF for information, documentation, or records concerning the use of the grant funds, the status and results of the funded project or program, and the Applicant's continued eligibility for the grant, in the form and within the time period reasonably specified by WCCF. This obligation continues until the later of (i) two (2) years after the grant funds have been fully expended and (ii) WCCF's acceptance of the Applicant's final report.

(c) ***Records***. The Applicant will maintain books and records sufficient to show how the grant funds were expended and will make those records available to WCCF or its designated representatives upon reasonable request.

(d) ***Reporting***. The Applicant will submit a written report describing the use of the grant funds and the outcomes achieved no later than 45 days after the end of the Grant Year, together with any interim reports WCCF requests.

(e) ***Notice of Changes***. The Applicant will promptly notify WCCF of any material change in the funded project or program, its budget or timeline, the Applicant's leadership or tax-exempt status, or any other circumstance that may prevent the grant funds from being used as described in this Application.

(f) ***Unexpended or Misapplied Funds***. WCCF may require the return of any grant funds that remain unexpended at the end of the Grant Year or that were not used in accordance with this Application, and the Applicant will return those funds promptly upon request. WCCF may also withhold or discontinue any unpaid portion of the grant.

(g) ***Charitable Use***. The grant funds will be used exclusively for charitable, educational, or other purposes described in Section 170(c)(2)(B) of the Internal Revenue Code, and no portion of the grant funds will be used to carry on propaganda or otherwise attempt to influence legislation, or to participate or intervene in any political campaign on behalf of or in opposition to any candidate for public office.

(h) ***Use of Name***. WCCF may identify the Applicant and describe the funded project or program in WCCF's reports, website, and other materials.

(i) ***Effect of Noncompliance***. Failure to comply with these conditions may result in discontinuation of the grant and will be taken into account by WCCF in considering any future request from the Applicant.

CERTIFICATION

The undersigned certifies that he or she is authorized to submit this Application on behalf of the Applicant; that the information contained in this Application and in the accompanying materials is true, complete, and accurate in all material respects; and that the Applicant has read and agrees to the Grant Conditions and Acknowledgments set forth above.

Applicant: _____

By: _____

Name: _____

Title: _____

Date of Submission: _____