



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, Welfare, and Recreation; (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: 2025 – 2026

BACKGROUND INFORMATION

1. Applicant’s Legal Name:

2. Point of Contact:

Name:

Title:

Email Address:

Phone Number:

3. Is the Applicant a registered 501(c)(3) organization in good standing?

Yes

No

If the Applicant is not a registered 501(c)(3) in good standing, please describe its legal structure.

4. Is your organization based on the island of Martha’s Vineyard and serving Island residents?

Yes

No

5. What is the primary focus of this grant request? Please select one of the following seven options:

Affordable Housing

Children’s Health, Welfare and Recreation

Clean Water

Education and Workforce Development

Food Security

Health & Aging

Substance Abuse Counseling and/or Other Related Support Services

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.**

- 12. What is your organization's annual budget?**

- 13. How many people, on average, benefit from your organization's activities on an annual basis?**

14. Please list your organization's top five funders or funding sources and include their respective average donation amounts.

- (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.

16. How many volunteers participate in your organization?

17. How many employees are on your payroll?

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.

20. Amount Requested:

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.

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.

**ADDITIONAL
INFORMATION**

Please do not provide non-public financial or confidential information in connection with your entity's Application.

1. Please submit a specific itemized cost estimate for your project.
2. Please submit, if available, your Annual Report and/or Financials, including a balance sheet and annual budget.
3. Please submit any pictures, renderings, and/or any presentation materials (PowerPoints, PDFs, *etc.*) of your facility or project/program.
4. **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.

APPLICATION DATE (DATE OF SUBMISSION):