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## Mission

The mission is to enrich the quality of life for the residents of the Westfield community.

**“Awareness...then action”**

## Grant Application Package

*The following guidelines will be used in the grant determination process:*

### **Priority will be given to:**

- the potential impact and the number of people who would benefit
- programs representing innovative, efficient approaches to serving community needs
- requests which will assist those citizens whose needs are not being met by existing programs or services
- those organizations that work cooperatively with other agencies in the community to encourage efficient use of community resources and elimination of duplicated services
- projects that promote volunteer participation and citizen involvement

### **Funding limitations:**

- individuals are not eligible
- organizations that lack the tax-exempt status do not qualify
- organizations that do not serve the Westfield community do not qualify
- political organizations, candidates, or lobbying efforts are not eligible
- national, international, or other membership organizations, unless their programs have a significant local impact, will not qualify
- annual appeals are generally not funded
- salary line items, operating expenses budgets, and travel expenses are usually not funded

**Applicants chosen to receive a grant will be required to submit proof of funding use, including a financial accounting record, upon completing the project.**



# Grant Application

**DEADLINE: April 1<sup>st</sup> of each year**

1. Name of organization \_\_\_\_\_
2. Mailing address \_\_\_\_\_
3. Telephone \_\_\_\_\_ Email \_\_\_\_\_
4. Contact person and title  
\_\_\_\_\_
5. Project title \_\_\_\_\_
6. Estimated start date \_\_\_\_\_ estimated completion date \_\_\_\_\_
7. Project Budget
  - a) Total project budget: \_\_\_\_\_
  - b) Amount of request: \_\_\_\_\_
  - c) Amount to be provided by the applicant: \_\_\_\_\_
  - d) Amount to be provided by other sources: \_\_\_\_\_  
List other sources \_\_\_\_\_
  - e) Budget detail:  
Identify anticipated costs.

| <i>Item</i>  | <i>Cost</i> |
|--------------|-------------|
|              |             |
|              |             |
|              |             |
|              |             |
| <i>total</i> | \$          |

*(Total must equal figure in 7a)*

8. What is the mission of your organization? How many people do you serve each year?

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9. Nature of the project for which you are requesting funds. \_\_\_\_\_

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10. Who would benefit from this project or program? \_\_\_\_\_

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11. Include any other information that might be beneficial in reviewing your grant application.

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*(Attach additional sheets, if necessary)*

**Please include the following attachments with your application:**

- IRS Determination Letter
- Board of Directors Roster
- Organization Budget
- Most Recent Audit/Financial Statement

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Authorized Signature, if different from above  
*(Executive Director or Board President)*

\_\_\_\_\_  
Date

***Mail to:***  
NCCF, The Westfield Fund  
212 Lake Shore Drive W.  
Dunkirk, NY 14048