

For Immediate Release:

Date: April 10, 2021

APPLICATIONS SOUGHT FROM FORT FAIRFIELD NONPROFITS

The advisors of the Ruth Reed Mraz Family Memorial Fund are pleased to announce a grant opportunity for non-profit organizations serving Fort Fairfield.

The fund was established in 2008 in memory of Ruth Reed Mraz, a Fort Fairfield native and life long resident, and is managed by the Maine Community Foundation. Mrs. Mraz and her husband Arthur had a keen interest in her home town, in particular preserving its history, beauty and traditions. The fund was created to support such projects that benefit Fort Fairfield.

Any non-profit serving the community may apply for a grant of up to \$2500.00. Applications may be obtained by contacting the Fort Fairfield Town Office or the Public Library. The application deadline is May 20, 2021 and the successful grantee will be notified by June 1, 2021.

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| <p>Please describe your desired outcomes and your plans for achieving them.</p> | |
| <p>Please describe how the project will benefit Fort Fairfield.</p> | |
| <p>Plases list your projected timeline for use of funds. Provide project start and end dates (if applicable).</p> | |

Part 2: Proposal Attachments

Attach copies of the following (those which apply to your request):

- Copy of the current annual budget.
- List of key project personnel including their roles and qualifications.
- List of board members.
- If the organization has a fiscal agent attach a copy of the letter of agreement between the organization and the fiscal agent and the fiscal agent’s Current/Final 501(c)(3) IRS determination letter. (Please see the MaineCF website for fiscal agent agreement).
- Letters of agreement IF collaborating with other organization(s).

Please mail a copy of this application to each of the Fund Advisors:

Randy Mraz
 17 Todd Brook Road
 Freeport, Maine 04032

Nancy Armstrong
 PO Box 119
 Plymouth, NH 03264

If you have any further questions regarding the Ruth Reed Mraz Family Memorial Fund, please contact the fund advisors.

AGREEMENT TO GRANT TERMS

By signing this application form, the applicant and the fiscal sponsor (if applicable) hereby indicate(s) agreement with the following terms and conditions:

- 1)The information contained in this application and in any attachments is true and correct to the best of your knowledge.
- 2)Your organization is a nonprofit, 501(c) (3) federal tax-exempt organization, public school, public agency working for the State of Maine, or an Indian tribal government (or their political subdivision) recognized by the Department of the Interior **or** has a written agreement with a fiscal sponsor that is a 501(c) (3) organization, public school or public agency.
- 3)Any funds received as a result of this application will be used only for the purpose specified in the award letter. No part of any grant will be used for a political campaign, or to support attempts to influence legislation of any governmental body other than through making available the results of non-partisan analysis, study and research. No portion of the award will be granted to any secondary grantee without the express permission of the Maine Community Foundation.
- 4)Any funds received as a result of this application will be returned if the grant recipient loses its exemption from federal income taxation as provided for under section 501(c)(3) of the Internal Revenue Code.
- 5)Any funds received as a result of this application will be expended within 12 months of the payment date. At the end of this period any unexpended grant funds will be returned to the Foundation, or a written request for an extension of time will be submitted to the Foundation for approval. An evaluation report will be submitted upon completion of your project or by the due date specified in the grant award letter.

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| _____ Signature of President, Chief Administrative Officer or Treasurer | _____ Date |
| _____ Print Name and Title | |

If you applied using a fiscal sponsor, please have an authorized officer of the sponsoring organization sign below.

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| _____ Signature of Officer of Fiscal Sponsor Organization (if applicable) | _____ Date |
| _____ Print Name and Title | |