KARE GRANT APPLICATIONS

KARE grant applications will be made available on Thursday, April 21, 2016 at the following town offices:

Millinocket, East Millinocket and Medway.

Applications and Instructions can also be found at:

www.millinocket.org
www.eastmillinocket.org
www.medwaymaine.org

All applications must be returned to the Millinocket Town Office between May 5, 2016 – May 31, 2016.

KATAHDIN AREA RECOVERY AND EXPANSION COMMITTEE

GRANT CHECKLIST

ADMINISTRATIVE COMMITTEE. The Administrative Committee will be comprised of the three (3) administrators of each town: the Administrative Assistant for East Millinocket, the Administrative Assistant for Medway, and the Town Manager for Millinocket.

GRANT REVIEW CRITERIA

Applicant: _____

Date Received: _____

Application Complete: _____

Jobs Created: _____

Matching Funds: _____

Vehicle/Moving Equipment: _____

Previous KARE recipient: _____ Date: _____

Recommendation of the Administrative Committee of KARE:

_____

_____

_____

_____

_____

_____

KARE GRANT APPLICATION GUIDELINES

1. Retroactive reimbursements are not allowed. Only purchases made after the date of awarded grant shall be eligible for reimbursement.

2. The purchase of vehicles and other moving equipment shall be made on a case-by-case basis and the grantee shall provide reasons why other means of financing is unavailable.

3. Consumables – Resale or Market Inventory is prohibited.

4. Matching funds are required. Investments made in the previous two years can be considered as matching funds on current grant requests.

5. Grant applications must be fully complete to be considered for award. This includes copies of quotes, licenses, and requested financial information (Schedule C form 1040 required.) INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED. Please feel free to contact your respective Town Manager/Administrative Assistant with any questions regarding the application.

KARE Grant Application

Please complete this application and return it to the MILLINOCKET TOWN OFFICE. Additional information may be requested after initial review. All applications will be held in strict confidence.

Date:_____

Business Name & Contact Person_____

Address_____

Phone Number_____

WEB site:_____e-mail:_____

Amount of money requested:_____

Amount of monies matched by business owner on this project-purchase._____

Exact use of grant funds:_____

_____

_____

_____

Timeline, People Involved and Potential Jobs Created:_____

_____

_____

_____

How will this project benefit our community economically?_____

_____

_____

_____

_____

Receipt of Application: Date:_____Time _____ _____Initial of Staff

Additional Information Needed?_____

Applications are reviewed by Date/Time received.

All applications need to have completed this two page application and must include any written price quotes for the purchases or work to be completed with the grant funds. Those applications deemed incomplete will be returned to the applicant.

Date Application is Deemed Complete by the E.D.C. _____

Before funds will be dispersed, a history of the project and evidence that the funds approved were used for the exact purpose that they were requested will be required. Distribution of funds may be subject to a match requirement. Only invoices for purchases after the date of the joint board approval can be submitted for funding.

ADDITIONAL INFORMATION

Business Incorporated:_____

Date of Business Inception:_____

Number of Current Employees:_____

Number of Projected Additional Employees:_____

Wage Rate:_____

Benefits Provided to Employees:_____

State Licenses Required? _____

Schedule C form 1040 Required with Application. _____

Gross Revenue last 2 years:_____

Gross Expense last 2 years:_____

Capital Reinvestment into Business in last 5 years:_____

Projected Revenue from KARE Investment:_____

Projected Expense from KARE investment:_____

Products Produced at this Business:_____

Market Reach of Business:_____

Spin off Benefits of Business to Local Economy:_____

_____

_____

Receipt of Application: Date:_____Time _____ _____Initial of Staff

Additional Information Needed?_____

Applications are reviewed by Date/Time received.

All applications need to have completed this two page application and must include any written price quotes for the purchases or work to be completed with the grant funds. Those applications deemed incomplete will be returned to the applicant.

Date Application is Deemed Complete by the E.D.C. _____

Strategic Plan of Business:_____

_____

_____

_____

_____

Receipt of Application: Date:_____Time _____ _____Initial of Staff

Additional Information Needed?_____

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All applications need to have completed this two page application and must include any written price quotes for the purchases or work to be completed with the grant funds. Those applications deemed incomplete will be returned to the applicant.

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