

## **KARE GRANT APPLICATIONS**

**KARE grant applications will be made available  
on Tuesday, April 18, 2017 at the following town offices:**

**Millinocket, East Millinocket and Medway.**

**Applications and Instructions can also be found at:**

**[www.millinocket.org](http://www.millinocket.org)**

**[www.eastmillinocket.org](http://www.eastmillinocket.org)**

**[www.medwaymaine.org](http://www.medwaymaine.org)**

**All applications must be returned to the Millinocket Town Office  
between May 18, 2017 – May 31, 2017.**

## **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 monles 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? \_\_\_\_\_

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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?** \_\_\_\_\_

**Applications are reviewed by Date/Time received.**

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