

# 2020 Maine Association of REALTORS® Foundation Competitive Grant

Organization Name: \_\_\_\_\_

I. Total Funding Requested: \$ \_\_\_\_\_ Total Project Budget \$ \_\_\_\_\_

Project/Program Geographic Service Area: \_\_\_\_\_

II. Describe the housing project/program for which you are seeking a grant. Please provide your response in the spaces/boxes provided. No additional pages allowed, unless necessary for the budget.

A. NEED / POLICY ISSUE TO BE ADDRESSED (complete the sentence):

Grant funds from the Maine Association of REALTORS® Foundation will be used to \_\_\_\_\_

\_\_\_\_\_

How many people/families will be directly served by the requested funds? \_\_\_\_\_

B. DESCRIBE YOUR PROJECT: (In 2,000 characters or less, respond to these bullets) (50 points)

- What makes this project/program unique?
- Is this a new or existing initiative?
- How much money will the program/project leverage?
- What is your plan for long term affordability?
- What is the target population for this project (e.g. what household income level will be served)?
- What are the goals and results you expect to bring about?

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**C. PROGRAM IMPLEMENTATION:** (In 1,000 characters or less, respond to these bullets) **(25 Points)**

- When will the project/program be operational?
- Planned date for completion?
- What internal resources will your organization contribute to this initiative?
- What are your plans for future funding/sustainability of this program?
- Name any partner organizations involved in this project.

**D. TOTAL BUDGET AMOUNT FOR YOUR PROJECT: (25 points)**

Funding Sources (List all Confirmed and Potential Sources – use additional page if necessary)	Amount	Funding Already Secured? (Y/N)	Commitment Date/Expected Commitment Date
1.	\$		
2.	\$		
3.	\$		
4.	\$		
<b>A. TOTAL PROJECT / PROGRAM BUDGET:</b>	\$	-----	-----
Funding Uses (How will the funds be used?) Expenditure Categories	Foundation Grant Request	Funds from Other Sources	Total
1.	\$	\$	\$
2.	\$	\$	\$
3.	\$	\$	\$
4.	\$	\$	\$
5.	\$	\$	\$
6.	\$	\$	\$
<b>B. TOTAL PROJECT / PROGRAM BUDGET:</b>	\$	\$	\$

The 3<sup>rd</sup> column under Funding Uses - Total Project/Program (B) should equal Funding Sources - Total Project/Program Budget (A)

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### III. Please provide these required enclosures:

- If new multifamily construction or multifamily rehab, enclose construction and operating budgets
- Board of Directors list with affiliations and locations
- Most recent audited financial statements
- Copy of IRS ruling letter (for non-profit corporations)

### IV. The 2020 grant program has the following policies. Please do not complete the application if you do not agree to these conditions:

- MAR Foundation funding will be used for housing assistance for families who meet income guidelines as defined by the U.S. Department of Housing and Urban Development. The mission of the REALTORS® Affordable Housing Fund is “to provide financial resources to groups and organizations for the purpose of funding activities, programs, and services which directly or indirectly expand, create, maintain, or encourage the development of decent, suitable shelter and housing opportunities in Maine, including heating assistance, for individuals and families with low, very low, or no income.”
- Grant funds must be expended within 12 months after payment is issued. Grantees must submit a status report 6 months after payment is issued and a completion report after funds are fully expended. The MAR Foundation will forward the one-page reports as required.
- Any publicity surrounding the proposed project/program must refer to the support provided by the Maine Association of REALTORS® Foundation.
- No part of the grant may be used for purposes not outlined in this application nor be sub-granted to a secondary grantee.
- The applicant does not discriminate based on gender, race, age, disability, or sexual orientation for service, employment, membership, or leadership.
- The listing and/or sale of any real property within the scope of this grant application shall not exclude the use of a REALTOR® in the real estate transaction.

### V. Signature

I certify that the information contained herein is true, accurate, and complete to the best of my knowledge. This application shall remain the property of the Maine Association of REALTORS® Foundation.

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Applicant Printed Name

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Applicant Signature

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Title

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Date

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## Applicant Information:

Legal Entity: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ FAX: \_\_\_\_\_

Email: \_\_\_\_\_

## Grant Administrator Information:

Contact Person: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ FAX: \_\_\_\_\_

Email: \_\_\_\_\_

### DEADLINE FOR APPLICATION:

**Completed applications must be received in the MAR Foundation Office at 19 Community Drive in Augusta prior to 5 p.m. on Thursday, March 19, 2020. Proposals received after the deadline will not be considered. All submissions require a signature. Faxed applications will not be accepted. Grants are awarded on a competitive basis.**