29.0 Community Funds Grant

The Town of Billerica has entered into agreements with certain local companies to provide economic development incentives in exchange for substantial community investment. Under the terms of the agreements, these companies became Certified Projects, each ratified by Town Meeting. The companies are contributing to a Community Funds Grant, and as mutually agreed to, will be used for worthwhile community projects which will enhance the quality of life in the Town.

The Fund will be administered as a grant, with project applications reviewed by a subcommittee of the Select Board and a representative of each company. In the spirit of maintaining a strong town/business relationship, the Select Board will make every effort to fund the projects recommended by the companies funding these grants. At a minimum the Select Board will NOT change the chosen projects without informing the companies. Each year priority will be given to projects which have not previously received funds. The full Select Board will then vote the awards. Failure to submit a completed Community Funds Grant Application Form and provide and/or meet **all** the criteria information requested will result in the rejection of the application from consideration.

29.1 Criteria

1. A completed Community Funds Grant Application Form (Attachment E) must be submitted with each Community Funds Grant request. The Community Funds Grant Application Form includes:
    a. a brief project description, legal name and address of the organization, the amount requested, and the name/address of the contact person;
    b. a one page executive summary of the project;
    c. a brief description of the organization applying, including its mission, history, programs and/or achievements, or other information which would indicate the capacity to implement the project. Also, the names/addresses of the officers or directors of the organization are provided;
    d. an explanation of the community need and resulting benefit of the project indicating how it will enhance the quality of life in Billerica;
    e. a description of how the project would be sustained after the grant period;
    f. the organization's fiscal year budget as well as the project budget with narrative justification, including other funding sources and in-kind contributions. In the cases where services are being provided the applicant must provide proof of actual expense to the organization.
    g. Two (2) hard copy sets and an electronic copy of the complete application emailed to selectboard@town.billerica.ma.us, non-returnable, must be submitted to the Select Board by 6:00 PM on Monday, December 30, 2024.
2. The Select Board recommends that all applicants comply with the Attorney General's requirements of a charitable organization such as being a 501c3, 501c19 (Veteran's), AG Account #, or IRS SS-4.
3. Applicants may be required to give a presentation to a subcommittee, or to the full Select Board as needed.
4. The awards may be made in such a way as to allow more than one company to support a project.

5. Projects may receive funds from more than one company, though only one application is required.
6. Recipients shall recognize the contributions(s) of the company (ies) in a suitable way, both at the time the grant is announced and also on an ongoing or long-term basis.
7. The Select Board reserves the right to withhold any or all of the Community Funds Grant in the event there are no projects meeting the criteria this year.
8. As a condition of any award(s), all Recipients agree to provide, no later than twelve (12) months from the date of receiving any Community Funds Grant, written certification (receipts, credit card statements, invoices marked as paid or written proof of who the money went to and what part of the application it served) of the completion of the project must be submitted to the Select Board. Such certification shall provide written details of all fund(s) expenditures in accordance with the grant award(s).
9. Should the applicant need additional time to complete the awarded project they can request an extension in writing to the Select Board and have the request voted on at a public meeting of the Select Board.
10. Any funds not expended at the conclusion of this twelve (12) month period shall be forfeited and promptly returned to the Select Board unless an extension has been granted by the Select Board. In this case, any unused money will be returned at the end of the extension.
11. Until such written certification and unused funds are returned (if applicable) to the Select Board, the Recipient(s) shall not apply and shall not be eligible for any additional Community Funds Grant.
12. Community Funds Grant applications should include a civilian CORI form filled out by the submitter of the application.

The Community Funds Grant are reflective of the partnerships entered into by the Town of Billerica and the companies that became Certified Projects and will result in meaningful community benefit.

Grant Application Forms are available in the Office of the Select Board. Questions regarding the Community Funds Grant should be directed to the Office of the Select Board, Town Hall, 365 Boston Road, Billerica, MA 01821 or (978) 671-0939.

Two (2) hard copy sets and an electronic copy of the complete application emailed to selectboard@town.billerica.ma.us, non-returnable, must be submitted to the Select Board by 6:00 PM on Monday, December 30, 2024. The Board expects to announce the awards at a meeting in February 2025. Awards will be presented at the meeting following the announcement and vote.

2024-25 Community Funds Grant Application Form

Legal Name of Organization: _____

Legal Address of Organization: _____

_____

Please Check the Appropriate Box And
Provide One of the Following (If Applicable):_____

☐501c3 #, ☐501c19 (Veteran's), ☐AG Account #, ☐IRS SS-4 for a Nonprofit Org. Tax ID#

Contact Person: _____

Address of Contact Person: _____

_____

Contact Person Telephone: _____

Contact Person email address: _____

GRANT AMOUNT REQUESTED: _____

Has this organization previously received a Community Funds Grant?

NO: ☐ YES: ☐

If "Yes", please provide Year(s) and Grant amount(s) awarded:

Year	Award
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

[Attached additional sheet(s) if more space needed]

2024-25 Community Funds Grant Application Form

Please Provide an Executive Summary of the Project:

[Attached additional sheet(s) if more space needed]

2024-25 Community Funds Grant Application Form

Please Provide a Brief Description of the Organization Applying for this Grant, Including Its Mission, History, Programs, and/or Achievements, or Other Information Which Would Indicate the Organization's Capacity to Implement the Project.

[Attached additional sheet(s) if more space needed]

2024-25 Community Funds Grant Application Form

Name, Address, Contact # of Members of the Organization and Any Official Position Held

NAME	ADDRESS	CONTACT #	POSITION
Example. John Doe	123 Any Street Billerica, MA 01821	978-555-1234	President or Chair

[Attached additional sheet(s) if more space needed]

2024-25 Community Funds Grant Application Form

Please Provide an Explanation of the Community Need and Resulting Benefit of the Project Indicating How the Project Will Enhance the Quality of Life in Billerica.

[Attached additional sheet(s) if more space needed]

Please Describe How the Project Would be Sustained AFTER the Grant Period. Please Indicate How the Contribution(s) of the Company (IES) Will Be Recognized In a Suitable Way, Both at the Time the Grant is Announced and Also on an On-Going or Long-Term Basis:

[Attached additional sheet(s) if more space needed]

Please Provide the Organization's Current Fiscal Year Budget. Also provide a Separate Project Budget with Narrative Justification Including Other Project Funding and In-Kind Contributions:

[Attached additional sheet(s) if more space needed]

2024-25 Community Funds Grant Application Form

This Completed Application Must Be Submitted with Any Grant Request. Failure to Provide and/or Meet All Criteria Information Requested Will Result in the Rejection of the Application from Consideration.

CERTIFICATION:

The undersigned hereby attests to having received a copy of the 2024-25 Community Funds Grant Criteria and to having the authority to submit this Grant Application on behalf of the applying Organization and, if successful, to receive any awards, on behalf of the applying Organization. Additionally, the undersigned understands and agrees that any and all awards are final. The undersigned hereby understands and agrees:

1. No later than twelve (12) months from the date of receiving any Community Funds Grant, written certification (receipts, credit card statements, invoices marked as paid or written proof of who the money went to and what part of the application it served) of the completion of the project must be submitted to the Select Board. Such certification shall provide written details of all fund(s) expenditures in accordance with the grant award(s).
2. Should the applicant need additional time to complete the awarded project they can request an extension in writing to the Select Board and have the request voted on at a public meeting of the Select Board.
3. Any funds not expended at the conclusion of this twelve (12) month period shall be forfeited and promptly returned to the Select Board unless an extension has been granted by the Select Board. In this case, any unused money will be returned at the end of the extension.
4. Until such written certification and unused funds are returned (if applicable) to the Select Board, the Recipient(s) shall not apply and shall not be eligible for any additional Community Funds Grant.

Signed:_____

Please Print Name: _____

Title (if applicable): _____

Date: _____

NOTE: Two (2) *hard copy sets* ***and*** *an electronic copy of the complete application emailed selectboard@town.billerica.ma.us, non-returnable, must be submitted to the* Select Board *by 6:00 PM on Monday, December 30, 2024.*

Town of Billerica
Police Department

6 Good Street
Billerica, MA 01821
(978) 215-9621 Fax (978) 670-2762
www.billericapolice.org

Criminal Record Background Check

Date:_____

Release: I, _____ _____,
Name of Applicant **Date of Birth**

allow the Town of Billerica Police Department to search my records to ascertain information on my personal history.

Authorization for Personal History:

This authorization will give the Billerica Police Department permission to research your background, personal history and character references.

_____
Signature of Applicant

Application Approved: _____

Application Denied: _____ **Reason:** _____

_____

_____

SELECT BOARD

TOWN HALL
365 BOSTON ROAD
BILLERICA, MASSACHUSETTS 01821
978-671-0939
FAX: 978-671-0947

COMMUNITY FUNDS GRANT COMPLETION CERTIFICATION:

Please fill out the following information and attach documentation of expenditures (invoices marked paid, receipts, credit card statements, written proof of who the money went to and what part of the application it served, etc.) to show compliance with the Community Funds Grant criteria listed in Section 29 of the Select Board Policies and Procedures.

Amount Awarded:		**Grant Year**	
Legal Name of Organization:			
Non Profit #: Please List # and Check Appropriate Box Below (If Applicable):			
☐501c3 #, ☐501c19 (Veteran's), ☐AG Account #, ☐IRS SS-4 for a Nonprofit Org. Tax ID#			
Legal Address of Organization:			
Responsible Person:			
Address of Contact Person:			
Phone #:			
Email:			
Funds Returned?	☐ **Yes** ☐ **No - If Yes, Amount Returned - $**		
Under penalty of perjury, I declare that the information furnished in this certification, including all attachments, are true and correct to the best of my knowledge.			
Signature:			
Title:			
Date:			