

MATCHING GRANT PROGRAM (MGP) FUND NON-PROFIT

**GRANT REIMBURSES UP TO 50%* OF ELIGIBLE COST –
UP TO \$10,000 PER APPLICANT**

“Our community is enriched by those that want to enhance Burlington’s arts and culture, community development, environment, beautification and more. We are blessed with natural beauty, dedicated volunteers and passionate residents who work tirelessly to make our city the destination that it is.”



Jeannie Hefty, Mayor, City of Burlington

NON-PROFIT ELIGIBILITY

- ☐ Will this grant assist with an expansion of your business to be demonstrated with the creation of at least one full-time equivalent job?
- ☐ Are you a non-profit organization that serves Burlington through one of the following programs:
 - ☐ Arts and Culture
 - ☐ Community Development
 - ☐ Education
 - ☐ Environment
 - ☐ Safety

ELIGIBLE USES

- To address a community wide opportunity to advance one or more of the projects listed under Non-Profit Eligibility
- Demonstrate the ability to achieve and sustain significant and longterm impact
- Possess well-defined objectives and measurable outcomes that improve the quality of life in our community
- Include financial commitments from funding organizations other than the City of Burlington
- Illustrate plans for long-term sustainability that do not depend on recurring support from the City of Burlington grant program

PARAMETERS

- 50% of the total eligible costs up to \$10,000,
- 1.5% Processing Fee
- Grant application must be submitted and approved prior to the expenditure of funds
- No Adverse Findings
- One year after reimbursement – The approved grant recipient must agree to submit a memorandum on company letterhead that identifies the results of this matching grant program that align with one or more of the Burlington Matching Grant objectives found in Section III, L of this application.

**NON-PROFIT APPLICATION
MATCHING GRANT PROGRAM (MGP)**

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1. Non-profit name:

2. IRS Letter of Determination:

3. Non-profit address:

4. Name and title of contact person:

5. Contact person telephone number:

6. Contact person email:

7. Number of permanent employees:

8. Annual Operating Budget:

9. Referred to this program by:

10. Brief description of your non-profit organization:

11. Brief description of the project:

12. Provide itemized consultant costs, including a total and amount being requested from the matching grant program below:

13. Brief description of how your project will be measured as successful :

14. Additional Comments:

15. Name

Title

Date

Signature