

The Borough of Keyport is providing a limited amount of public funds to support programs that encourage and foster the recreation and cultural needs of the Keyport community. Eligible grant applicants must be:

- A Keyport based organization
 - Currently registered as a 501c(3) non-profit corporation
 - Have as its member base a majority Keyport resident
 - Membership available to all Keyport residents
 - Demonstrate financial need
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- To apply organizations must submit the attached application to the Borough Administrator together with copies of the following information:
 1. Organization Mission Statement
 2. Current Certificate of Incorporation (if applicable)
 3. Roster of current officers
 4. Number of Keyport residents served
 5. Total number of persons served
 6. Three (3) most recent monthly bank statements
 7. Annual audit (if applicable)
 8. Existing procedures to comply with Youth Servicing Volunteer background checks
 9. A certificate of insurance naming the Borough of Keyport as an additional named insured
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- **Submit applications to: Borough of Keyport, ATTN: Borough Administrator, 70 West Front Street, P.O. Box 60, Keyport, NJ 07735 no later than October 31, 2020. The grant maximum is \$1,000.**
 - Awarded grants may only be used organizational needs identified in the application and for equipment and material purchases which are ordered by the Borough in accordance with established purchasing guidelines. Labor costs, consulting services and administrative costs are not eligible. Reimbursements for incidental purchases will not include any sales taxes. Requests for purchases and payments must be submitted no later than January 31, 2021.
 - The Borough of Keyport assumes no liability for the use of purchased equipment.



2020 Micro-Grant APPLICATION

ATTACH ADDITIONAL SHEETS IF NEEDED

Organization: _____ Amount Requested: \$ _____

Address: _____

Tax I.D. Number: _____

Population Served - Number of Adults: _____ Number of Youth: _____

Contact Person: _____ Phone _____

Email: _____

Describe how your organization benefits the Keyport community: _____

What will the funds be used for (itemize estimated costs): _____

Describe how the funds will benefit your organization: _____

The undersigned is authorized to make application on behalf of the applicant and acknowledges that grants will be awarded to qualified Keyport-based organizations at the sole discretion of the Keyport Borough Council and understands that not every request may be funded. The applicant further understand that each grant is made on a rolling, stand-alone basis and that no grant award obligates the Borough for any future funding.

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Printed Name/Title of Authorized Representative: _____

Signature: _____ Date: _____