

Mark Pruhenski  
Town Manager

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## TOWN OF GREAT BARRINGTON MASSACHUSETTS

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### OFFICE OF THE TOWN MANAGER

TO: Community Services Grant Applicants  
FROM: Mark Pruhenski, Town Manager  
DATE: February 5, 2024  
SUBJECT: Proposals for Fiscal Year 2024 Community Services Grant

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Enclosed is a grant application from the Town of Great Barrington to provide Great Barrington residents community services in Fiscal Year 2024 (July 1, 2023, to June 30, 2024). This year's Community Services Grant fund is \$25,000.

An eligible grant recipient is defined by the Code of Federal Regulations 570.500 (c) as a public or private non-profit agency, non-profit organization, or local authority (such as a housing authority). A grant recipient is not required to have an Internal Revenue Service section 501 (c) designation. However, a non-profit agency or non-profit organization must, at a minimum, be organized under Massachusetts General Laws Chapter 180 "Corporations for Charitable and Certain Other Purposes" and be in good standing with the Massachusetts Secretary of State.

The Town has established needs categories, all of which are of equal importance for funding consideration. The way in which a proposal addresses a need and how many residents will be served are the most significant funding considerations. Other factors for consideration include how the request takes a continuum of care approach, increases services, or reduces costs. Programs funded by the Town's general operating funds (tax dollars) such as the Town's Community Services Grant program must demonstrate that they serve a clear public purpose.

The needs categories are:

- FAMILY/ INDIVIDUAL SUPPORT
  - substance abuse treatment
  - pregnancy/parenting
  - abuse/violence; physical/psychological
  - mental health
  - general health clinics
- FOOD/ SHELTER/ CLOTHING
- TRANSPORTATION (Elderly/Disabled)
- RECREATION/ YOUTH

## APPLICANT'S CHECKLIST

- \_\_\_\_\_ Completed Application
- \_\_\_\_\_ The Non-Discrimination & Equal Employment Policy  
This is included in this packet (Attachment 1). If not previously adopted, your agency must adopt this policy, and you must submit an official copy of the policy as adopted on your letterhead, including the date of adoption.
- \_\_\_\_\_ A list of current Board of Directors.
- \_\_\_\_\_ A copy of the most recent independent CPA audit, or financial review.
- \_\_\_\_\_ A copy of the most recent Massachusetts PC Tax Form filed and the 990 Tax Form.

Proposals are due no later than 4:00pm on Monday March 11<sup>th</sup>, 2024. Emailed submissions are preferred; please send them to Josh Risen, at [jrisen@townofgb.org](mailto:jrisen@townofgb.org) or to Natalie Amendola [namendola@townofgb.org](mailto:namendola@townofgb.org).

If you have any questions please call 413-528-1619 ext. 2900 or email [jrisen@townofgb.org](mailto:jrisen@townofgb.org) or [namendola@townofgb.org](mailto:namendola@townofgb.org).

Application for Community Services Grant  
Program Year: Fiscal 2024  
(July 1, 2023 to June 30, 2024)

1. Date: \_\_\_\_\_
2. Agency Name: \_\_\_\_\_  
  
Address: \_\_\_\_\_  
  
Telephone: \_\_\_\_\_  
  
Contact Person: \_\_\_\_\_  
  
Email Address: \_\_\_\_\_
3. Program Name: \_\_\_\_\_
4. Which of the major needs categories does your proposal address? \_\_\_\_\_
5. Amount requested: \_\_\_\_\_
6. **On a separate page**, briefly describe your program and how it will benefit Great Barrington residents. Please include the following:
  - a. Is this a new program?
  - b. Include the total number of people expected to be served by the program for which you are requesting funding.
  - c. How many would be Great Barrington residents?
  - d. How do you determine residency of the clients you serve?
7. What percentage of your total program budget is being requested? \_\_\_\_\_
8. Please complete the attached Budget Form A and Budget Form B. Please specify the beginning and ending dates of your organization's fiscal year.
9. What type of controls exist to monitor the program? \_\_\_\_\_  
  
\_\_\_\_\_

### Non-Discrimination & Equal Employment Policy

(Name of Entity) does not discriminate on the basis of color, race, national origin, religion, sex, physical or mental disability, or age in any of its policies, procedures or practices. Nor does it discriminate against persons because they are disabled Veterans, or because of their mental condition, their ancestry, marital status, sexual orientation, or citizenship within the limits imposed by law.

This policy covers all employment practices, admission to volunteer opportunities, and client participation in any program (Name of the Entity) offers to the public.

(Name of Entity) is an affirmative action/equal opportunity employer. All advertising for paid or volunteer positions notes the same and all advertisements are placed in a variety of media, including notifications distributed to agencies and organization which serve a diverse population.

**BUDGET FORM A**

AGENCY NAME: \_\_\_\_\_

**INCOME FOR ENTIRE AGENCY**

	<b>Last Year <u>Actual</u></b>	<b>Current Year <u>Proposed Budget</u></b>
1. Town of Great Barrington		
2. Contributions		
3. Special Fund Raising Events		
4. Insurance Fees		
5. Contributed by Associated Organizations		
6. Allocated by United Way		
7. Government Agencies		
8. Program Services Fees & Net Incidental Revenue		
9. Investment Income		
10. Miscellaneous Revenue		

**11. Total Income for Entire Agency:** \_\_\_\_\_

**EXPENSES FOR ENTIRE AGENCY**

	<b>Last Year <u>Actual</u></b>	<b>Current Year <u>Proposed Budget</u></b>
12. Administration Salaries		
13. Service Salaries		
14. Clerical Salaries		
15. Employee Benefits		
16. Payroll Taxes		
17. Professional Fees		
18. Supplies		
19. Telephone		
20. Postage & Shipping		
21. Occupancy/Rent		
22. Rental & Maintenance of Equipment		
23. Printing & Publications		
24. Travel/Transportation		
25. Conferences, Conventions & Meetings		
26. Specific Assistance to Individuals		
27. Membership Dues & Subscriptions		
28. Awards & Grants		
29. Miscellaneous		

**30. Total Expenses for Agency:** \_\_\_\_\_

**BUDGET FORM B**

**AGENCY NAME:** \_\_\_\_\_

**PROGRAM NAME:** \_\_\_\_\_

**EXPENSES FOR PROGRAM**

	<b>Last Year <u>Actual:</u></b>	<b>Current Year <u>Proposed Budget:</u></b>
1. Administration Salaries		
2. Service Salaries		
3. Clerical Salaries		
4. Employee Benefits		
5. Payroll Taxes		
6. Professional Fees		
7. Supplies		
8. Telephone		
9. Postage & Shipping		
10. Occupancy/Rent		
11. Rental & Maintenance of Equipment		
12. Printing & Publications		
13. Travel/Transportation		
14. Conferences, Conventions & Meetings		
15. Specific Assistance to Individuals		
16. Membership Dues & Subscriptions		
17. Awards & Grants		
18. Miscellaneous		

**19. Total Expenses for Program:** \_\_\_\_\_

	<b>Last Year <u>Actual:</u></b>	<b>Current Year <u>Proposed Budget:</u></b>
20. Total Number of Clients Served by Program		
21. Total Number of Clients Served that are Great Barrington Residents		
22. % of Residents(Line 21 divided by line 20)		