

# Application for Municipal Assistance Grant



The Mayor & Council of Middletown  
19 West Green Street  
Middletown, DE 19709  
(302) 378-2711

Each fiscal year (July 1 - June 30), the Town of Middletown may appropriate funding to support community organizations. Appropriated funds are available to applicants on a first-come, first-served basis. Grant Applications are due by the FIRST FRIDAY of the month in order to be considered at the NEXT MONTH'S regularly scheduled meeting of Mayor & Council. Please refer to the Town of Middletown Municipal Assistance Grant Policy, Process Documentation, or call (302) 378-2711 for eligibility requirements or with any questions.

## APPLICANT INFORMATION:

1-a. Legal Name: \_\_\_\_\_

1-b. Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

2. Tax Identification Number: \_\_\_\_\_

3. Project Director / Contact: \_\_\_\_\_ 4. Title \_\_\_\_\_

5. Contact Phone Number: ( \_\_\_\_\_ )  
Area Code

6. Contact Fax Number: ( \_\_\_\_\_ )  
Area Code

7. Contact Email Address: \_\_\_\_\_

## GRANT INFORMATION:

8. Descriptive title of your project: \_\_\_\_\_

9. Enter requested grant amount: \_\_\_\_\_ 10. Date requested: \_\_\_\_\_

11. Indicate whether this request is for a matching grant or a full grant: \_\_\_\_\_

12. Describe proposed use of grant (attach additional documentation if necessary):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

13. By signing below, I affirm that all information presented herein is true and correct. If my organization receives any grant from the Town of Middletown, it will furnish report documentation to the Mayor & Council of Middletown to validate the use of the grant proceeds in accordance with the Town of Middletown Municipal Assistance Grant Policy. If my organization uses awarded grant proceeds for purposes inconsistent with those cited in this application, it will reimburse the Town of Middletown for that amount so used. If, for any reason, the Town of Middletown is forced to institute litigation to recover grant proceeds, my organization agrees that it shall be liable for any and all costs and attorney's fees incurred by the Town of Middletown and pre-judgment interest from the date the grant money is received at the maximum rate authorized under Delaware law.

Signature of Authorized Agent \_\_\_\_\_ Date \_\_\_\_\_

CONTROL NUMBER: \_\_\_\_\_ G/L CODE: \_\_\_\_\_

APPROVED  DENIED

Check One \_\_\_\_\_ Signature: Authorized Member of Mayor & Council \_\_\_\_\_ Date \_\_\_\_\_