

Sample 2027 Eligibility Form Impact100 Newport County

☐ **The organization is tax exempt under Section 501(c)(3) of the Internal Revenue Code, independent of a financial**

Check the box if the statement is true about your organization.

☐ **The organization serves the Newport County area**

Check the box if the statement is true about your organization.

☐ **The organization has been in operation for a minimum of 24 months**

Check the box if the statement is true about your organization.

☐ **The organization can provide Financial Statements and Tax Returns for at least the past 2 (better-3) fiscal years:
Statement of Financial Position (Balance Sheet); Statement of Activities (Profit and Loss); IRS Form 990s (if required);
Since last fiscal year-end, interim Statement of Financial Position and Statement of Activities**

Check the box if the statement is true about your organization.

☐ **The organization is willing to disclose any and all legal actions declared; including current and pending conflicts, unless
legal actions are a component of the organization's operating model.**

Check the box if the statement is true about your organization.

☐ **The organization acknowledges that Impact100 Newport County will not fund debt reduction or operational deficits.**

Check the box if the statement is true about your organization.

☐ **The organization acknowledges that Impact100 Newport County will not fund grants to individuals.**

Check the box if the statement is true about your organization.

☐ **The organization acknowledges that Impact100 Newport County will not fund endowments.**

Check the box if the statement is true about your organization.

☐ **The organization acknowledges that Impact100 Newport County will not fund interim or bridge funding.**

Check the box if the statement is true about your organization.

☐ **The organization acknowledges that Impact100 Newport County will not fund partisan, legislative, lobbying or political
activity.**

Check the box if the statement is true about your organization.

☐ **The organization acknowledges that Impact100 Newport County will not fund capital improvements or renovations to
property for the grant project where the organization does not own or have at least a five-year lease or written
agreement.**

Check the box if the statement is true about your organization.

- ☐ The organization acknowledges that Impact100 Newport County will not fund projects of individual churches, religious organizations or bodies of worship that are intended to benefit only their specific denominations or congregations, or are exclusive with respect to others of differing beliefs.

Check the box if the statement is true about your organization.

- ☐ The organization acknowledges that Impact100 Newport County will not fund faith-based projects/programs which require participation in activities of a particular faith, denomination or religion in order to benefit from the project or program.

Check the box if the statement is true about your organization.

- ☐ The organization acknowledges that the project or program must not be dependent on any person being required to participate in any religious activity, ceremony or service.

Check the box if the statement is true about your organization.

- ☐ The organization acknowledges that applicants may only submit one application per grant cycle.

Check the box if the statement is true about your organization.

- ☐ The organization acknowledges that a grant recipient may not reapply for a grant until the third grant cycle after funding.

Check the box if the statement is true about your organization.

- ☐ The organization acknowledges that applicants may pair with another nonprofit organization to submit a grant application. The collaborating organization will determine which will be the primary non-profit submitting the grant application and receive the funding if selected by our members. Both organizations must meet the eligibility requirements and pass the eligibility test.

Check the box if the statement is true about your organization.

- ☐ The organization acknowledges that the applicant must submit the information requested in the Impact100 Newport County application template using Submittable. All parts of the application must be submitted for the application to be considered.

Check the box if the statement is true about your organization.

- ☐ The organization acknowledges that the application must specify a one or two-year project period, describe how the project / program creates transformational change, and affirm that the narrative, budgets, and supporting materials align with and justify the indicated project period length.

Check the box if the statement is true about your organization.

- ☐ The organization acknowledges that the application will specify how the organization's project impacts the community, how the grant funding will be spent, and why funding is requested.

Check the box if the statement is true about your organization.

- ☐ The organization affirms that there is approval for submitting an application from your Agency Head and Board President.

Check the box if the statement is true about your organization.

- ☐ **The organization affirms that it will not seek or receive technical support or advice for the application from an Impact100 Newport County Board or Committee Member, beyond verifying publicly available information.**

Check the box if the statement is true about your organization.

- ☐ **The organization affirms that it will not contact any Impact100 Newport County Board Member or Impact100 Newport County members regarding the application in an effort to garner support, favor, or otherwise lobby for your application or organization. You will make sure that all staff, board members, and others associated with your organization are aware of this prohibition.**

Check the box if the statement is true about your organization.

Save Draft

Submit Form

Drafts may be visible to the administrators of this program.