



## 2020 BENEFICIARY APPLICATION

### **BACKGROUND**

The Seacoast Half Marathon was founded in 2006. Since the inception of the half marathon, the goal has been to use the race to raise funds for, and focus attention on different non-profit organizations that serve people on the New Hampshire seacoast. The race tag line, "Caring for the Coast, One Step at a Time," is our way of communicating what the Seacoast Half Marathon is really all about. For a list of past beneficiaries and more information about the race, please visit our website: [www.seacoasthalfmarathon.com](http://www.seacoasthalfmarathon.com)

### **DEADLINES AND PROCESS**

Proposal Due: February 1, 2020

Please send completed proposal and required attachments to:

[shmracedirector@gmail.com](mailto:shmracedirector@gmail.com) or

Mail them to:

Seacoast Half Marathon Committee  
c/o Runner's Alley  
104 Congress St., Ste 101  
Portsmouth, NH 03801-4078

All revenue *after race expenses* will be given to the selected beneficiary. Each year the amount varies, but in prior years it has ranged between \$35,000 and \$120,000, based on race registrations, sponsorships, and out-of-pocket race expenses. In addition, small grants are made to the organizations running each water stop. A separate application is available for groups wishing to run a water stop.

Funding will be considered for general operating income, new programs or capital projects.

A small group of prospective beneficiaries will be selected in February as finalists and at that time additional information may be requested. Finalists may be invited to meet with the race committee. Site visits may be requested of the finalist organizations. One organization will be selected in late February to be the race beneficiary.

## **ELIGIBILITY**

An applicant must:

- Be an approved 501(c)(3) tax-exempt organization.
- Provide services in the Seacoast of NH (which may include York County Maine).
- Must be able to serve as the fiscal agent for the Seacoast Half Marathon for the year that the organization is the beneficiary. This involves processing all accounts receivables (race registrations and sponsorships) and payables (race expenses)
- Must be able to send a representative to race committee meetings (generally held monthly).
- Must be able to secure approximately 25–40 volunteers to help out on race day morning (the 2<sup>nd</sup> or 3<sup>rd</sup> Sunday in November).
- Must have a staff member, board members, or volunteers who are willing and able to solicit sponsorships for the race – the amount of sponsor dollars raised to help offset race expenses will have a direct impact on the amount of money the beneficiary realizes at the end of the race.

Previous Seacoast Half Marathon beneficiaries may reapply 5 years after the year in which they were last the race beneficiary.

The following organizations are generally NOT eligible for support:

- Religious or faith-based organizations or programs.
- Political organizations or programs.
- Organizations that discriminate in any way.
- Public or private schools.

## **GRANT MAKING PRIORITIES**

Our priorities include:

- Improving quality of life on the Seacoast.
- Assisting the socio-economically underserved.
- Organizations that provide health and human services.

## SUMMARY FORM

**Proposal Due: February 1, 2020**

|   |  |
|---|--|
| 1. Name of Organization   |  |
| 2. Legal name (if different)  |  |
| 3. Organization Federal Tax I.D.#   |  |
| 4. Organization address   |  |
| 5. Phone number   |  |
| 6. Fax number   |  |
| 7. Website address  |  |
| 8. Executive Director's Name  |  |
| 9. Contact person for this proposal:<br>Name, title, phone, email             |  |
| 10. Year founded  |  |
| 11. Mission statement   |  |
| 12. Brief summary of proposed work  |  |
| 13. Statement of purpose "This funding will be used to..." (15 words or less) |  |
| 14. Is this a new, expanded or current program or area of work?               |  |
| 15. Type of request (operating, project, capital)                             |  |
| 16. Constituents served by organization (number served/year, demographics)    |  |
| 17. Constituents served by proposed work (if different)                       |  |
| 18. Geographical area served by organization                                  |  |
| 19. Geographical area served by the proposed work, if different               |  |

|   |  |
|---|--|
| 20. Annual operating budget   |  |
| 21. Total project or program budget, if applicable  |  |
| 22. Organizational revenue sources. Actual and percentage breakdown of revenue by source (such as foundation, individual, government, corporate etc) for most recent fiscal year  |  |
| 23. Number of paid staff (specify part-time or full time)   |  |
| 24. Number of volunteers (not including board members)  |  |
| 25. Percentage of Board members who contributed to your organization in most recent fiscal year   |  |
| 26. How did you learn about the Seacoast Half Marathon?   |  |
| 27. Does your organization have a designated staff member responsible for development & fundraising? If yes, please list name, title and if they are FT or PT. If no, please explain how this function is accomplished. |  |

**NARRATIVE - REQUIRED**

**The total length of the narrative section should not exceed 1-2 page.**

1. Overview of the agency, its history, goals and vision.
2. What are the primary programs and services of your organization?  
(What need does the agency address? e.g., statistics, research, story of typical service recipient for the services or project.)
3. If this funding will be used for a program or capital project, describe the scope of the project, budget and desired outcomes. How will this funding be used? (What it is you want to do, how will it address the above need, describe the goals, objectives, activities and timetable.)
4. If this funding will be used for a new program, how will you secure funding now and into the future for the proposed work?

**REQUIRED ATTACHMENTS (please clearly name all attachment files with your organization’s name and “attachment A, B, C, etc.”)**

- A. Board of Directors List with contact information. Please specify term ending dates, length of service and board committee participation.
- B. Brief biography on Executive Director including length of service.
- C. Organization's most recent balance sheet.
- D. Project budget (if applicable).
- E. Current operating budget