



Dear Applicant,

At Moorings Park Foundation, we recognize the vital role we play in championing services that enhance the well-being of our local senior community. Supporting local non-profits is one of the most powerful ways we can make a meaningful and lasting impact.

The **Community Grants Program** is a testament to the generosity of our residents, providing critical funding to nonprofit organizations whose missions align with ours. Guided by a dedicated committee of residents, this program ensures that donor contributions create the greatest possible impact—whether by supporting the underprivileged, the homeless, individuals battling cancer, those living with Parkinson’s, or those in need of essential end-of-life care.

We are seeking to fund projects that serve seniors aged 60 and older—initiatives that might not be possible without our support. We invite you to share more about your organization and the important work you’re doing in our community by completing the enclosed application.

Please complete the application and submit it along with the required budget to [foundation@mooringspark.org](mailto:foundation@mooringspark.org) by April 11, 2025.

We appreciate your commitment to serving our senior population and look forward to learning more about your impactful work.

Best regards,

**GEORGIA NORTH**

Foundation Administrator

**Moorings Park Foundation, Inc.**

120 Moorings Park Drive | Naples, FL 34105

Direct 239.919.1692

[gnorth@mooringspark.org](mailto:gnorth@mooringspark.org)

<https://foundation.mooringspark.org>

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**Mission**

Promote a culture of philanthropy to enhance successful aging through support for Moorings Park residents, employees, and the greater community.

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**Moorings Park Foundation  
2025 Community Grants Program Application**

**Organization Information**

Name of Organization:

EIN:

Organization Address:

Website:

Contact Person & Title:

Phone Number:

Email:

Name of Executive Director/President:

Annual Salary of Executive Director/President:

Number of paid employees:

Number of volunteers:

Mission Statement:

Project/Program Name:

Amount of grant request:

**1. Project Description:**

a. Briefly describe the proposed project or program that you are seeking funding for.

b. How many seniors (aged 60+) will benefit from this program?

- c. How does the proposed project address the unique needs and challenges faced by seniors in our community?

**2. Target Beneficiaries:**

- a. Describe the demographics (e.g., age range, income level, geographic location).
  
- b. Will any specific population within the senior community be prioritized?

**3. Goals & Objectives:**

- a. What are the key goals and objectives?
  
- b. How do they align with Moorings Park Foundation's mission?

**4. Services & Activities:**

- a. Describe the specific services or activities provided.
  
- c. How do they address the needs and challenges faced by seniors?

**5. Project Timeline:**

- a. Proposed start and end dates.
  
- b. Key milestones and deadlines.

**6. Budget & Funding:**

a. Provide a detailed budget for the project, including expenses for personnel, program materials, supplies, and any other relevant costs.

b. Identify other funding sources.

c. Do you hold an annual fundraising event? If so, please

**7. Evaluation & Reporting:**

a. How will you measure the success?

b. What specific metrics or indicators will be used?

c. How often will progress reports be submitted, and what information will they include?

**8. Organization Capacity & Sustainability:**

a. Describe your organization's history in serving seniors aged 60+.

b. What resources and support systems are in place for this project?

**9. Partnerships and Collaboration:**

- a. Are there any organizations or stakeholders involved?
  
  
  
  
  
  
  
  
  
  
- b. How will collaboration enhance project impact?

**10. Sustainability and Future Plans:**

- a. How do you plan to sustain the project's activities beyond the grant period?
  
  
  
  
  
  
  
  
  
  
- b. Are there any plans to expand or replicate the project in the future?

I certify that the information provided in this application is accurate and has been submitted with full knowledge and endorsement of the organization's Board of Directors and Executive Leadership.

Name/title of the individual completing the application:

Authorized Signature:

Date:

**Submission Checklist:**

- ✓ Completed application
- ✓ Detailed budget
- ✓ Supporting materials

**Thank you for your application and your dedication to serving our senior community!**