

CHARITABLE FOUNDATION GRANT APPLICATION



ORGANIZATION INFORMATION

Name of Organization: _____ Year Established: _____

Address: _____

Telephone Number: _____ Name of Executive Director: _____

Fax Number: _____ Total Number of Board Members: _____

Email: _____ Website Address: _____

Contact: _____ Title: _____

Annual Organization Budget: _____ Fiscal Year End: _____

Please provide IRS 501c (3) Tax Exempt #: _____ Major Funding Sources: _____

Organization's Mission / Major Activities / Communities Served: _____

GRANT REQUEST *Please use an additional document if you need more space for your responses.*

Amount Requested: _____

Amount of Grant that is Tax Deductible - Please Detail: _____

Describe how your organization benefits low-to-moderate income individuals within East Cambridge Savings Bank's Community Reinvestment Act (CRA) communities - Arlington, Belmont, Cambridge, Chelsea, Everett, Lexington, Lynn, Malden, Medford, Newton, Revere, Saugus, Somerville, Waltham, Watertown, and Winchester:

Describe briefly the purpose of the contribution being requested. What will be purchased with the money, how many will benefit from the contribution and whether your request is for a share of your total need:

Signature of Authorized Signer Title Date