

GRANT APPLICATION		
Legal Name of Organization		
Address		
Contact	Name of Executive Director	
Title	Title	
Phone	Organization Tax ID #	
Fax	Total Number of Board Members	Volunteers
Email	Total Number of Board Staff: Full Time	Part Time
Total Annual Organization Budget	Fiscal Year End	
Is entity a national organization? YES \square NO \square	IRS 501(c)(3) nonprofit? YES \(\subseteq \text{ NO} \) If no, identify your fiscal agent and attach the written agreen	
PROJECT PROPOSAL NARRATIVE – Complete the	following fields, or attach a narrative of no longer than 2 p	pages.
Brief Summary of the Proposal	······································	
Description of specific request, including goals and obje	ectives:	
Brief Summary of organization's mission:		
Describe how your organization benefits low-to-moderate Arlington, Bedford, Belmont, Billerica, Burlington, Car Malden, Maynard, Medford, Melrose, North Reading, Watertown, Wayland, Westford, Weston, Wilmington Additional information about the organization's overall	mbridge, Carlisle, Chelmsford, Concord, Lexing Reading, Somerville, Stoneham, Sudbury, Wak I, Winchester or Woburn:	ton, Lincoln, Littleton, efield, Waltham,
, teation and in a social conduction of the cond	r programs and project or capital sopport requested	. .
Specific activities and timetable for meeting your state	d objectives:	
Identify those organizations, if any, with which you coll	aborate and other resources which address this iss	ue(s) in the proposal:
PROJECT BUDGET Amount Requested: \$		
Type of Request: (check applicable) □Operating	□Project □Capital □Other	
Use this field or attach a narrative of no longer than 1 pa you are requesting funding, including all associated cost	ge to describe the operating, project, capital, or oth	er improvement for which
Signature of Authorized Signer	Title	 Date
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