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| **The Boston Sisters of Perpetual Indulgence**Convent of the Commonwealth, Inc.***2020 GRANT FUND APPLICATION – CYCLE ONE*** |
| Date of Application (*deadline December 04, 2020*):  /  /     |
| ***ORGANIZATION INFORMATION*** |
| Full Legal Name of Organization and name to write on check, if different):       |
| Reason for Grant Request:       |
| Address of Organization (and where the check should be sent to, if different):       |
| City, State & Zip Code:                   |
| Organization Website (if any):       |
| Executive Director Name:       |
| ***PRIMARY CONTACT INFORMATION*** |
| Name:       |
| Telephone Number:       | Fax Number:       |
| E-Mail Address:       |
| ***ELIGIBILITY REQUIREMENTS*** |
| Is the above organization an IRS 501(c)(3) Not-for-Profit? ☐Yes ☐No |
| (*Please note that organizations MUST be a registered 501(c)(3) Not-for-Profit to be eligible for a grant.)* |
| 501(c)(3) Tax ID Number:       |
| ***FUNDING INFORMATION*** |
| Grant Amount Requested: ☐ $250 ☐ $500 ☐ $1,000  ☐ Other Amount: $      |
| Use of Funds (check one): ☐ General Operations Support ☐ Project Support  ☐ Other |
| Total Organizational Budget (for current fiscal year): $      |
| Is this grant request urgent (requiring disbursement prior to the first quarter of next year)? ☐ Yes ☐ No |
| Requested disbursement deadline (if urgent):       |
| Reason for urgent handling (if applicable):       |
| ***PROJECT INFORMATION*** |
| *Please only fill out this section if you are requesting funding to support a particular project.* |
| Project Name:       |
| Total Project Budget: $      |
| Project Focus: (check all that apply)  |
| ☐Gay/Bisexual Men ☐Lesbian/Bisexual Women ☐Transgender ☐LGBTQ Youth |
| ☐HIV/AIDS ☐Sexual Health ☐Queer Visibility ☐Homelessness |
| ☐Domestic Violence ☐Low Income Families ☐Elderly Assistance |
| ☐Other (please describe):       |
| ***GRANT APPLICATION*** |
| Please describe your organization and (if applicable) project:       |
| Who will be helped by this grant?       |
| Why is this grant important?       |
| How does your organization/project's goal align with the mission of the Boston Sisters?       |
| What, specifically, will our grant funds be used for within the project/organization's budget?      |
| ***ACKNOWLEDGEMENT*** |
| *To the best of my knowledge, all information in this application is true and correct.*  |
| Printed name:       Title:       |
|  Date:   /  /     |

Please submit the completed form via e-mail to **grants@thebostonsisters.org** or via snail mail to

**The Boston Sisters**

**Attn: Mistress of Grants**

**129 Central St #1
Somerville, MA 02145**

The deadline for the second granting cycle of 2020 is Friday December 04, 2020 by 11:59pm.

The Boston Sisters will contact you if additional information is needed to process the application; otherwise, you will receive an e-mail update on your grant application by Friday, December 18, 2020.