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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**](mailto: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.