

FUNDING REQUEST APPLICATION

Legal Name of Organization	Name of Executive Director
Address	
Contact	Title
Phone ()	Total Number of Board Members
Fax ()	Total Number of Staff Full Time Part Time
E-Mail	Total Number of Volunteers
Total Annual Organization Budget \$ Fiscal Year End	What % of donations is going to the charitable purpose (after expenses):
1) Summarize Your Organizations Mission:	
WOULD BE UTILIZED TOWARDS THE DEVELOPMENT OF EDUCATION AND PROMOTION OF AFFORDABLE HOUSING WITHIN THE COMMONWEALTH OF MASSACHUSETTS. PLEASE BE SPECIFIC REGARDING WHAT YOU ARE INTENDING TO USE THESE FUNDS FOR.	
About Your Request	
Amount Requested \$	
Funds will be used for: Operating Budget Progr	am Project Event Other
Purpose of Grant: Education/Literacy Hou	sing Development (check one)
2) Description of Funding Request:	
List the Target Population, Constituents, and Geographic Communities that will Benefit from this request:	
Name of Event, if applicable:	Date of Event: