

# BridgewaterSavings

Charitable Foundation, Inc.

## Grant Application

Today's Date: \_\_\_\_\_ Organization name: \_\_\_\_\_

Street Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Telephone number, with Area Code: \_\_\_\_\_ Fax number, with Area Code: \_\_\_\_\_

Contact person and title: \_\_\_\_\_ E-mail address: \_\_\_\_\_

Organization overview: \_\_\_\_\_

Geographic area in Massachusetts served by your organization that includes Plymouth and/or Bristol county: \_\_\_\_\_

Organization's annual budget: \_\_\_\_\_

Do you have 501(c)(3) status?  Yes  No

*(If so, please attach a copy of your IRS 501(c)(3) letter. If you do not have 501(c)(3) status, we may require additional information in order to consider your request.)*

Amount of request: \_\_\_\_\_

Specific purpose for which funds are requested: \_\_\_\_\_

What are the goals, objectives and activities/strategies involved in this request? Please summarize: \_\_\_\_\_

Who will benefit if your request is granted: \_\_\_\_\_

How does your request benefit low- to moderate-income individuals and families in the Bank's marketplace? \_\_\_\_\_

Total budget for this project: \_\_\_\_\_

Have funds been allocated by, or requested of, any other individual, group or organization to date? If so, give amount requested/granted/anticipated: \_\_\_\_\_

Is your organization eligible for matching grants? \_\_\_\_\_

What is your timeline? \_\_\_\_\_

Name and signature of CEO or Executive Director of your organization: \_\_\_\_\_

Mail completed grant application and supporting materials to:

**Bridgewater Savings Charitable Foundation, Inc.**  
Bridgewater Savings Bank  
P O Box 307  
Bridgewater MA 02324