

## Charitable Foundation

Note: Text boxes have a 300 character limit. You may attach additional pages if you need more space. Please print, scan and email application and any other supporting documentation.

ORGANIZATION INFORMATION	
Name of Organization:	
Address:	
Telephone Number:	Name of Executive Director:
Fax Number:	Total Number of Board Members:
Email:	Total Number of Staff:
Contact:	Annual Organization Budget:
Title:	Fiscal Year End:
IRS 501(c)(3) (Please Check) Yes <input type="checkbox"/> No <input type="checkbox"/>	Tax ID #
United Way Affiliate? (Please Check) Yes <input type="checkbox"/> No <input type="checkbox"/>	
Organization's Mission:	
GRANT REQUEST	
Amount Requested:	Type of Request (Program, Operating, Capital)
Amount of Grant that is Tax-Deductible – Please Detail:	
Describe Request:	
Describe how your organization benefits low-to-moderate income individuals within Cambridge Savings Bank's Community Reinvestment (CRA) communities - Acton, Arlington, Bedford, Belmont, Brookline, Burlington, Cambridge, Charlestown, Chelsea, Concord, Everett, Lexington, Lincoln, Medford, Newton, Somerville, Waltham, Watertown, Winchester, Woburn, and the neighborhoods of Allston and Brighton.	
Describe briefly the purpose of the contribution being requested. Provide details such as information on what will be purchased with the money, how many will benefit from the contribution and whether your request is for a share of your total need.	

\_\_\_\_\_  
Signature of Authorized Signer

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date