



BRISTOL COUNTY SAVINGS CHARITABLE FOUNDATION, INC.

Grant Application

Give complete, in brief, answers within the spaces provided. If you wish (or are instructed) to attach additional information, check the boxes in the right-hand column and insert the corresponding number in the upper right-hand corner of each attachment. If any item is not applicable, write "NA" in the space provided.

1. **Date:** _____

2. **Name and address of organization:** _____

3. **Telephone number:** _____

4. **Name of contact person:** _____

Title: _____

Email address: _____

5. **Attach evidence of your 501(c)(3) status** _____

6. **Employer identification number:** _____

7. **Have you previously applied to us for a grant?** YES ___ NO ___

If so, give details _____

8. **Are you a United Way affiliate?** YES ___ NO ___

9. **Amount of grant requested:** \$ _____

10. **Purpose of project:** (Please provide attachment if space is insufficient) _____



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11. Requested grant period: FROM: _____ TO: _____

12. Is this for a matching grant? YES _____ NO _____

If so, give details _____

13. Have you applied to anyone else to fund this project? YES _____ NO _____

If so, give details _____

14. If this grant is not approved, what action will you take? NONE _____

Otherwise, give details _____

15. Attach list of Officers and Directors

16. Complete the attached Data Sheet

17. Attach any other information you may want us to know about _____

By signing this application you agree that if approved you will, upon completion of the project, furnish a report detailing actual expenditures and the result achieved, and return any unexpended funds.

Signature

Title

Date

Please fax signed application to (508) 828-5455 Attention Kimberly Jones
Please email or mail the signed application and supporting documentation to:
community.involvement@bcsbmail.com

or

Michele Roberts
Clerk of the Foundation
Bristol County Savings Charitable Foundation,
29 Broadway – 2nd Floor
Taunton, MA 02780



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Data Sheet

"In Area" refers to the area comprising the municipalities listed below. Use your best estimates in this column if the allocations are not otherwise available

Name of organization: _____

For the (most recent) year ended: _____

	Total	In Area
Total assets	\$ _____	\$ _____
Net assets: Restricted	\$ _____	\$ _____
Unrestricted	\$ _____	\$ _____
Total income	\$ _____	\$ _____
Total expenses	\$ _____	\$ _____
Number of employees	_____	_____

Approximate (or estimate) number of beneficiaries of your services in:

Attleboro, MA _____

Berkley, MA _____

Dartmouth, MA _____

Dighton, MA _____

Fall River, MA _____

Franklin, MA _____

New Bedford, MA _____

North Attleboro, MA _____

Norton, MA _____

Plainville, MA _____

Raynham, MA _____

Rehoboth, MA _____

Seekonk, MA _____

Taunton, MA _____

Westport, MA _____

Wrentham, MA _____

Pawtucket, RI _____

Details of proposed expenditures: (Please provide attachment if space is insufficient)



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Instructions

1. Please answer all questions as completely as you can. If you are unable to provide the requested information, please indicate this and make appropriate comment.
2. All information submitted with this application will be considered privileged and confidential.
3. Items 7,8,12 and 13. Check the correct answer YES or NO. If an answer is YES attach an explanation (except for #8).
4. Item 10. The purpose of this space is for Board members to see at a glance the essential purpose of your application. A brief description of the specific use of the grant requested is essential here. Your project may be more completely described in an attachment by checking the box.
5. Item 11. Remember that we expect to receive a financial statement showing the actual use of the grant funds before the end of this period, and that any funds not expended must be returned. If you cannot meet the deadline you must re-apply for an extension.
6. Item 17. Check this item if there is anything else you want us to know in connection with your application. (But remember that brevity, clearly stated, is a plus when the Board members review your application together with many others. The members are, for the most part, aware of the general purposes of your organization.)
7. Data Sheet. Figures should be for the most recent year available. If the activities of your organization are confined to the area comprising the towns listed in the lower half of the page, complete only the IN AREA column, and write "N/A" in the TOTAL column. If your organization has significant activities outside this area, complete both columns.

The term "Restricted Assets" refers to any assets that are earmarked for a specific purpose and may not be utilized for anything other than that purpose.

Use your best estimates if actual figures are not available.

8. Email to community.involvement@bcsbmail.com or mail your completed application to:

**BRISTOL COUNTY SAVINGS CHARITABLE FOUNDATION, INC.
C/O: MICHELE ROBERTS, CLERK
29 BROADWAY, 2ND FLOOR
TAUNTON, MA. 02780**

Please call the Bristol County Savings Charitable Foundation InfoLine at 508-828-5393 with any questions or concerns.