

BAY STATE SAVINGS CHARITABLE FOUNDATION

28 Franklin Street
Worcester, MA 01608
508-890-9000
1-800-244-8161

MISSION
Bay State Savings Charitable Foundation
supports non-profit organizations and worthy programs that enhance the quality of life
in our communities.

Bay State Savings Charitable Foundation
Application for Funding
(To be completed by 501(c) (3) organization)

Date of Application:	Taxpayer ID No. :
Purpose of grant (one sentence):	
Name of organization to which grant would be paid. Please state exact legal name:	
Address of organization:	Web address: Telephone number: Fax number: E-Mail:
Executive Director:	
Contact person and title (if not Executive Director):	
Grant request (may not exceed \$2,000) \$	Check one: <input type="checkbox"/> General Support <input type="checkbox"/> Project Support <input type="checkbox"/> Capital Support
Total organizational budget (for current year): \$	Total project budget (if requesting project support): \$
Dates covered by this budget (mo/day/yr):	Dates covered by this project (mo/day/yr):
Project name (if applicable)	
Organization's Mission Statement	

(9 copies of Application for Funding (pages 1-3) required)

DESCRIPTION OF PROGRAM

In no more than 2 pages, describe:

1. Community Problem/Need to be addressed
2. Target population
3. Goals, Objectives and Timetable
4. Collaborating organizations
5. Future plan for sustaining this program

Income level(s) being served	Number of Individuals being served	Geographic Area being served
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Method of Evaluation

Define your criteria for success. State how you will measure success in the short and long term.

ORGANIZATION INCOME STATEMENT

Source of Income by Category and Amount	Last Fiscal Year	Current Year Estimate
Corporations		
Foundations		
State Government		
Local Government		
Federal Government		
Individual Contributions		
Federated Groups (United Way)		
Other		
Total Annual Income		
Operating Expenses	Last Fiscal Year	Current Year Estimate
Administrative		
Program Service		
Fund Raising		
Other		
Total Annual Expenses		
Amount of Five Highest Public or Private Grants or Gifts Last Year and Source		
Amount	Source	
\$		
\$		
\$		
\$		
\$		
How often is your organization audited?		By whom?
Project Budget		
<p>Please enclose one copy of the following documents:</p> <p><input type="checkbox"/> Most recent audited financial statement</p> <p><input type="checkbox"/> A copy of organization's most recent Form 990 filed with IRS</p> <p><input type="checkbox"/> Copy of IRS Federal Tax Exemption Determination Letter – 501 (c)(3) if one is not already on file with Bay State Savings Charitable Foundation</p> <p><input type="checkbox"/> Annual Report</p> <p><input type="checkbox"/> One year, full budget, with line item detail for the project, program or organization</p> <p><input type="checkbox"/> List of Officers and Directors</p> <p>Incomplete applications will not be considered/Applications longer than 4 pages plus requested documentation will not be considered. Please do not send any documentation not specifically requested.</p>		