

NEWBURYPORT SOCIETY FOR THE RELIEF OF AGED WOMEN  
P.O. BOX 787  
NEWBURYPORT, MA 01950

GUIDELINES FOR GRANT APPLICATIONS

Purpose:

The intention of the Society's grantmaking is to assist non-profit organizations, in initiating or supporting projects or programs that provide for health care as well as human and social services for needy women in the designated Newburyport area, aged sixty years or above and who meet the criteria of indigence and/or acute financial need. Grants will be made for one year only. Preference will be given to innovative projects or programs.

Types of Grant Support:

Grants are limited to agencies in Massachusetts that serve elderly Newburyport area women.

Application Procedure and Deadlines:

All proposals must include the following:

- General background information on the organization requesting support;
- A description of the program or project to be funded (including a budget);
- A specific grant request including a Grant Application Coversheet;
- How success will be measured and evaluation process that will be used;
- The most recent financial statement (audited, if available) of the organization;
- A copy of the determination letter from the Internal Revenue Service verifying the tax-exempt status of the organization;
- A statement confirming that the organization's tax-exempt status has not changed.

AGM Common Proposal format may be used, but this is not required.

Proposals may be submitted throughout the year. Proposals should be mailed to:

Charitable Disbursement Committee  
Newburyport Society for the Relief of Aged Women,  
P.O. Box 787  
Newburyport, MA 01950.

## Suggestions for Grantwriters:

Organizations should relate the objectives of the Society to the program or project proposed. In addition, grantwriters are encouraged to include a discussion of the following when appropriate:

- The measurable impact of the grant;
- The extent to which the grant would leverage fundraising and/or program or project potential;
- The potential of the program or project in serving as a model;
- The objectives of the program or project and the methods used to evaluate results;
- Sources of support for the program or project (other than the grant requested)

If you have any questions or need additional information, please contact by mail at the above address.

## SERVICE PRIORITIES:

Service priorities listed below were identified by area agencies that service the elderly and are considered worthwhile by the Society, but are not limited to:

- Acute Financial / Medical / Mental Health need
- Fuel assistance
- Prescription Co-Pay / Gaps
- Medical Insurance Gaps
- Food / Food Vouchers
- Shelter
- Clothing
- Transportation
- Social Services
- Home Nursing / Health Care Aides
- Utility Bill Assistance
- Cost Sharing with other agencies
- Advocacy – Educating elders on services available
- Emergency assistance for unexpected bills
- Dental care / Eye glasses / Hearing aid assistance
- Equipment needed for well-being not covered by Medical Insurance

REV. 8/09

NEWBURYPORT SOCIETY FOR THE RELIEF OF AGED WOMEN

GRANT APPLICATION COVERSHEET

NAME OF ORGANIZATION:

ADDRESS:

CITY: STATE: MA ZIP CODE:

TELEPHONE NO: FAX NO:

CONTACT EMAIL ADDRESS:

WEB SITE ADDRESS:

NAME OF CONTACT PERSON: TELEPHONE NO:

TITLE OF CONTACT PERSON:

LEGAL NAME:

TAX IDENTIFICATION NUMBER:

FEDERAL TAX STATUS:

MISSION OF ORGANIZATION:

CURRENT FISCAL YEAR BUDGET OF ORGANIZATION:

Expenses: Revenue:

Operating: Non-operating:

Sources of operating funds (% of total operating funds from each):

Federal	%	Corporations	%
State	%	Individuals	%
City	%	Endowment	%
Fees	%	United Way	%
Foundations	%		

Fiscal Year Beginning:

Ending:

PLEASE CHECK THE SERVICES PROVIDED BY YOUR ORGANIZATION:

- Education  Family Services  
 Health Care or Hospice Care Serving Disadvantaged Populations  
 Other (Specify: \_\_\_\_\_)  
 Are you a United Way Agency? (yes/no)

PROPOSAL FOCUS:

PROPOSED PROJECT BUDGET: \$

List amount of anticipated from each source.

Federal	%	Corporations	%
State	%	Individuals	%
City	%	Endowment	%
Fees	%	United Way	%
Foundations	%	Other (Explain)	%

AMOUNT OF FUNDS REQUESTED: \$

PROJECT DESCRIPTION & PURPOSE OF REQUEST:

APPROXIMATE GEOGRAPHIC LOCATION AND SIZE AND DESCRIPTION OF POPULATION SERVED:

MARKET VALUE OF ENDOWMENT: \$ \_\_\_\_\_ as of \_\_\_\_\_

ARE YOU CURRENTLY IN A CAPITAL CAMPAIGN PHASE?

If yes, please indicate amount of campaign: \$ \_\_\_\_\_

We agree to report to the Newburyport Society for the Relief of Aged Women the expenditure of any funds received.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
Print Name: \_\_\_\_\_ Title: \_\_\_\_\_

REV. 8/09