

THE DOVER FOUNDATION COMMUNITY GRANT APPLICATION



Please submit your application at least 8 weeks in advance of your grant needs.

Today's Date:

Name of Organization:

Contact person:

Contact's phone number:

Contact's email:

Organization's Mailing Address:

Project Title:

Funding Request Amount: \$_____.00

In the space below, please describe your proposed project:

SUBMIT TO:

The Dover Foundation Grants PO 69, Dover, MA 02030

Or

email to: applications@thedoverfoundation.org