

*Serving Non-Profits focused on the Health Needs of Greater Attleboro Area residents.*

SPRING 2024

GRANT APPLICATION

10 Emory Street

Attleboro MA 02703

Chsfoundationma@gmail.com

Organization Name:

Program, service, or project name and a one or two sentence description.

Contact Information:

 Name:

 Phone number:

 Email Address:

 Address:

EIN #:

Reminder Grant applications are due by Wednesday April 5th at 5:00 pm

SEND APPLICATION and REQUIRED ATTACHMENTS TO:

Robin Cuddy: mailto:chsfoundationma@gmail.com

Checklist for Filing

Budget outlining the use of requested grant funds (see attached template)

Include a list of current members of your Board of Directors

**Please see the limited word count for each question. To obtain the word count for your answer simply highlight the answer and see the word count on the bottom task bar.**

Please provide your organizations background and mission: (no more than 100 words)

Please describe the program or service you are requesting funding for: (no more than 300 words)

If you were to receive the funding requested, how many individuals would be served? What communities would the individuals served by this funding reside in?

Are the individuals served economically challenged? (no more than 60 words)

Please explain the experience your organization has in delivering the program and services that you are requesting funding for. Please share any data you have on key accomplishments and impact you have had with the service or program that you are requesting funding for. (no more than 300 words).

Complete budget for program /service you are requesting.

 Note: If you have received a grant from CHS in the past, the grant report must be submitted for that grant for your organization to be eligible to apply for a new grant. SUBMIT GRANT REPORTS EXPLAINING USE OF FUNDS by April 1st 2024 TO: Robin Cuddy at CHSFOUNDATIONMA@GMAIL.COM.