Date:					
Legal Name of Organiza	ation:				_
Address:					
				State: Zip:	
				Title:	
				Fax	
					=
IRS 501(c)(3) nonprofit? Amount Requested:	? Yes		No	If Yes, submit IRS letter confirming your 501 (c)(3) status	
Type of Request:	Operating Specific Project Capital Other	Explain ₋			
Organization's Mission					
					-
					-
					-
					-
					-
Summary of Proposal					
					-
					_
					_
					_
					-
List the proposal's targe	et population,	constitue	ents an	nd geographic communities	_
					-
					-
					-
					_
					-

How will this benefit underserved populations, specifically those of low to moderate income?
Please include details of what percentage served qualify as low to moderate income (Please provide supporting documentation)
Total number of paid employees: Full-Time Part-Time
Total Hamber of pala employees. Tall Time
Total number of paid Board Members/Directors (not including employees): Members Directors
Have you applied to other resources for this funding? Yes No
If yes, please list those
Have you received funds from us in the past? Yes No fyes, how were the funds used? What impact did this donation have on your organization?

When your application is complete, click the save button below to save to your computer and upload with the additional required documentation to our secure document portal by clicking on the Secure Document Portal button on the application page of our website, or click the print button below and mail to:

 $Institution for Savings, Charitable \ Foundation, c/o\ Kimberly\ Rock, 93\ State\ Street, P.O.\ Box\ 510, Newburyport, MA\ 01950$

A. Organization Profile:

- 1. Brief summary of organization's history, goals and key achievements
- 2. Overview of organizational structure and size, such as board, staff and volunteers
- ${\it 3. Description of organization's membership, including total number and geographical area encompassed}\\$
- B. IRS letter confirming tax-exempt status of 501(c)(3)
- C. Current Board roster with relevant background data, affiliations and town of residence
- D. Financial Information:
 - 1. Total board approved organizational budget for the fiscal year(s)
 - 2. If seeking project or capital support, include project or capital budget for fiscal year(s)
 - 3. Most recent independent audit, if required by law; Year-to-date financial statement for your current fiscal year