



INSTITUTION FOR SAVINGS

2 DEPOT SQUARE IPSWICH CHARITABLE FOUNDATION

Date: _____

Legal Name of Organization: _____

Address: _____

City: _____ State: _____ Zip: _____

Contact Person: _____ Title: _____

Email: _____ Phone: _____ Fax _____

IRS 501(c)(3) nonprofit? Yes No If Yes, submit IRS letter confirming your 501 (c)(3) status

Amount Requested:

Type of Request: Operating
 Specific
 Project
 Capital
 Other Explain _____

Organization's Mission

Summary of Proposal

List the proposal's target population, constituents and 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 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
If yes, 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, 2 Depot Square Charitable Foundation, c/o Tammy Roeger, 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
- 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

Thank You for your Request