Institution for Savings

Main Street Rockport Charitable Foundation

Date: _____

Legal Name of Organization: _____

Address: _____

City: _____ State: _____ Zip: _____

Contact Person: _____ Title: _____

Email: _____ Phone: _____ Fax _____

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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 ☐

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, Main Street Rockport 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
   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

Print Save