

GRANT APPLICATION FORM

SUBMISSION DEADLINE: November 3, 2025

L CHARITY INFORMATION

I. CHARITT INFORMATION		
Charity Name:		
Mailing Address:		
City:	State:	Zip:
Fed. Tax ID Number:		
Exempt under Sec. 501 (c) (3) of t (If no, please read eligibility requ What is the purpose or mission s	irements and attach detaile	
Chairman of the Board <u>:</u>		Phone:
Address:		Email:
Executive Director:		Phone:
Address:		Email:
Treasurer:		Phone:
Address:		Email:
		ations Special Project d will be used (attach one-page proposal):
Why do you think this use is needed?		
Person responsible for project/pr	oposal:	Phone ()
(If you need additional space, please o	attach separate pages and any o	additional support materials you wish to include)
I/We apply for a grant in the amo in the attached materials is true a		that the information contained herein and y/our knowledge.
Individual/Organization:		Date:
	(Please Print)	
Name of Beauport Financial Clief	it Submitting Grant Form: _	(Please Print)

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