

2016-2017 GRANT APPLICATION
The Memorial Church of Harvard University
Please type or print neatly

Full Name of Organization _____

Organization Tax I.D. Number _____

Address: _____

Telephone: _____

Fax: _____

Name of Contact Person: _____

Telephone: _____

Fax: _____

E-mail: _____

Specific Project (*briefly* describe how funds will be used): _____

Specific Amount Requested: _____

Would you like to receive next year's application via email? _____

Please attach:

1. Mission Statement of the organization.
2. Description of the specific project or undertaking for which the grant is sought.
3. Description of how this particular project contributes to the overall goals of the organization.
4. Description of how the project, program and organization fit into the guidelines.
5. The *specific* amount requested. Itemized requests are preferred, when appropriate.
6. The Operating Budget for the current fiscal year.
7. The most recent audited financials.
8. Detailed description of how any previous grants from The Memorial Church were used.

*Completed applications **must be received by January 7, 2016** to:*

Grants Committee
The Memorial Church of Harvard University
One Harvard Yard
Cambridge, MA 02138