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:

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 Friday, January 24th, 2020 to:

Grants Committee
The Memorial Church
Harvard University
Cambridge, MA 02138