

ANDOVER GREATER TOGETHER COMMUNITY FUND GRANT APPLICATION
Grant Requests from \$250 to \$2,999

1) Organization Contact Information

Organization or Community Group's Legal Name:	
Fiscal Sponsor, if applicable:	
Address:	
Address 2:	
City, State, Zip Code:	
Contact Name & Title:	
Contact Phone Number:	
Contact Email:	
Website:	
Implementing Organization's Annual Budget:	

2) Program Information

Program Name:	
Dollar Amount Requested:	
Total Project/Program Budget (or N/A is there is just one item)	
Geographic Area Served: <i>(neighborhoods or entire town)</i>	
Population Served: <i>(ex: age, gender, ethnicity, number of participants)</i>	

3) Program Description:

Please describe the program or activity for which you are seeking funding.

4) Description of need:

Why is the project you describe necessary? Is there anyone else already doing this?

5) Expected benefit:

Who will benefit from this program (# of people and population served)?

The following attachments are required and can be emailed to: andoveradvisorycommittee@gmail.com.
Please use the following format: Name of Your Organization.filename.(doc.xls.pdf. etc.), i.e. ABC.501c3.doc

Attachments required:

1. Copy of your 501(c)(3), your fiscal sponsor's 501(c)(3) or a letter from the Town of Andover indicating they will be your organization's fiscal sponsor.
2. Copy of permit if applicable.