| CABOT FOUNDATIONGrant Proposal ApplicatioN | | | | |
| --- | --- | --- | --- | --- |
| **Basic Information** | | | | |
| **Legal Name of Organization:** Click here to enter text. | | | | |
| **Date:** Click here to enter a date. | **Contact Name:** Click here to enter text. | | | **Contact Title:** Click here to enter text. |
| **Street Address:** Click here to enter text. | | | | |
| **City:** Click here to enter text. | **State:** Click here to enter text. | | | **ZIP Code:** Click here to enter text. |
| **Country:** Click here to enter text. | **Telephone:** Click here to enter text. | | | **Website:** Click here to enter text. |
| **E-mail:** Click here to enter text. | | | | |
| **IRS 501 (c) (3) non-profit:** | Yes: | | | No: |
| **Financial Information**  Information provided must be from most recent audited financial statements and expressed in U.S. dollars. | | | | |
| **Annual Earned Revenue:** Click here to enter text. | | | | |
| **Annual Gifts and Grants:** Click here to enter text. | | | | |
| **Details of Annual Gifts and Grants** | | | | |
| **Federal:** Click here to enter text. | **State:** Click here to enter text. | | | **City:** Click here to enter text. |
| **Individuals:** Click here to enter text. | **Corporations:** Click here to enter text. | | | **Foundations:** Click here to enter text. |
| **Other Revenue:** Click here to enter text. | | | | |
| **Total Annual Operating Revenue:** Click here to enter text. | | | | |
| **Total Annual Operating Expenses:** Click here to enter text. | | | | |
| **Total Surplus (Deficit):** Click here to enter text. | | | | |
| **Current Endowment:** Click here to enter text. | | | **Current Debt:** Click here to enter text. | |
| **Organization Description** | | | | |
| **Date organization was founded:** Click here to enter a date. | | | | |
| **State the organization’s mission.**  Click here to enter text. | | | | |
| **Briefly describe the organization’s management structure including current Board member names.**  Click here to enter text. | | | | |
| **Briefly describe any previous support from the Cabot Foundation including the funds provided and the project results.**  Click here to enter text. | | | | |
| **Proposal Description** | | | | |
| **Project Budget:** Click here to enter text. | **Amount Requested:** Click here to enter text. | | | **Amount Raised:** Click here to enter text. |
| **Briefly describe the project the proposed funding would support including the project objectives and timing.**  Click here to enter text. | | | | |
| **Briefly describe the level of involvement of other businesses and organizations providing funding for the proposed project. If there is a funding shortfall, include how additional funds will be raised.**  Click here to enter text. | | | | |
| **Briefly describe how you will evaluate the success of the proposed project in the short and long-term.**  Click here to enter text. | | | | |
| **Cabot Facility Sponsor Information** | | | | |
| **Briefly describe the degree of employee or site involvement with this organization.**  Click here to enter text. | | | | |
| **Provide any other valuable information to consider when evaluating the grant proposal.**  Click here to enter text. | | | | |
| **Corporate Giving or Community Relations Team Leader** | | | | |
| **Name:** Click here to enter text. | **Title:** Click here to enter text. | | | **Location:** Click here to enter text. |
| **Facility General Manager or Managing Director** | | | | |
| **Name:** Click here to enter text. | **Title:** Click here to enter text. | | | **Location:** Click here to enter text. |
| **Signature:** Click here to enter text. | | **Date:** Click here to enter a date. | | |

***\*Information in red text is to be completed by Cabot employee.***