



CITY of **BOSTON**  
Administration and Finance  
**CHARLESTOWN COMMUNITY  
FUND GRANT APPLICATION**

**PAGE 1 OF 1**  
Questions? Call  
(617)-635-4479

DATE OF APPLICATION: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

## ORGANIZATION INFORMATION

CONTACT  
FIRST NAME: \_\_\_\_\_

CONTACT  
LAST NAME: \_\_\_\_\_

ORGANIZATION  
NAME: \_\_\_\_\_

ORGANIZATION  
ADDRESS: \_\_\_\_\_

PHONE  
NUMBER: ( \_\_\_\_ ) \_\_\_\_ - \_\_\_\_

Street

City

State, Zip

EMAIL: \_\_\_\_\_

## PROJECT INFORMATION

PROJECT NAME: \_\_\_\_\_

SHORT PROJECT DESCRIPTION:

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Please include a full grant application that has your:

- Proposal title
- Project goal and summary (limited to one page)
- Detailed project narrative (limited to three pages)
- Timeline of your action plan (limited to one page)
- Your budget for the project
- Mission and brief history of your organization, including contact information (limited to one page)
- List of current leadership (officers, directors, board members, key staff)
- Organization's current overall operating budget

Return the form and the grant application to:

Office of Administration and Finance  
1 City Hall Square  
Room 608  
Boston, MA 02201-2004