

Organization Information

Organization Name *

Contact Information

Street Address *

Apt/Suite/Office

City *

Eligible Zip Codes *

- 01451
- 01460
- 01503
- 01581
- 01701
- 01702
- 01703
- 01704
- 01705
- 01718
- 01719
- 01720
- 01721
- 01730
- 01731
- 01740
- 01741
- 01742
- 01745
- 01746
- 01748
- 01749
- 01752
- 01754

02538
02562
02571
02576
02762
02766
02767
02768
02780
05501
05544
Zip Code Not Listed (see below)

If your zip code is not listed, please enter here for eligibility verification.

If you are a national organization, do you have a chapter (with its own 501c3 status) within these zip codes?

- Yes
- No

Website URL *

Executive Director Name *

Executive Director Email *

Contact Name *

Contact Email Address *

Contact Phone Number *

Contact Phone Number

Does your organization have a Fiscal Sponsor? *

- Yes
- No

Enter your organization's EIN number or EIN number of your fiscal sponsor *

Numbers only, no dashes

Annual Revenue (as reported on the most recent IRS Form 990 or in Fiscal Sponsor letter) *

Enter date of the last filing of your organization's Massachusetts Public Charity Form (applicable only to 501c3 organizations)

 

Indicate which disparities are addressed in your organization's mission (check all that apply) *

- Poverty
 - Income
 - Employment
 - Education
 - Health and wellness
 - Gender, ethnic, and/or racial bias
-

Indicate category(s) for which you are requesting funding (check all that apply) *

- Operations and general support
 - Existing or expansion of existing program
 - Tangible goods to advance a program (e.g. van, cameras, computers)
 - New program
 - Organizational infrastructure (e.g. program evaluation, organizational development, planning, marketing and communications, Board development)
-

Describe your organization's mission and goals, including a description of the needs of the population served, and how your specific programs address those needs (limit 450 words). *

Describe how your organization would use The Philanthropy Connection's grant (limit 450 words). *

Describe how you will determine if TPC funds have made a difference in your organization and/or the individuals receiving services (limit 150 words). *

Describe how the experience and background of your Executive Director and other key staff are relevant to and benefit your organization's mission (limit 250 words). *

Fiscal Sponsor Information

Page description:

If your organization has a Fiscal Sponsor, please complete the following:

Fiscal Sponsor Organization Name

Date Sponsorship Began

 

What is the organizational relationship (e.g., structural and/or governance ties, benefits and privileges, changes in the relationship over time, legal and fiduciary responsibility, etc.)

Do you receive financial support from this organization?

- Yes
- No

If you answered yes above, please disclose the amount of support from the last completed fiscal year.

Diversity Data Form

Page description:

Please provide the following data about your organization, indicating the appropriate totals for each category. Answer to the best of your ability with the data you have.

Asian

	No. of Female	No. of Male
Board	<input type="text"/>	<input type="text"/>
Executive Director	<input type="text"/>	<input type="text"/>
Other Management or Supervisory Staff	<input type="text"/>	<input type="text"/>
Other Staff	<input type="text"/>	<input type="text"/>
Population Served	<input type="text"/>	<input type="text"/>

Black or African American

	No. of Female	No. of Male
Board	<input type="text"/>	<input type="text"/>
Executive Director	<input type="text"/>	<input type="text"/>
Other Management or Supervisory Staff	<input type="text"/>	<input type="text"/>
Other Staff	<input type="text"/>	<input type="text"/>
Population Served	<input type="text"/>	<input type="text"/>

Hispanic or Latino(a)

No. of Female

No. of Male

Board

Executive Director

Other Management or Supervisory Staff

Other Staff

Population Served

White

No. of Female

No. of Male

Board

Executive Director

Other Management or Supervisory Staff

Other Staff

Population Served

Other

No. of Female

No. of Male

Board

Executive Director

Other Management or Supervisory Staff

Other Staff

Population Served

Additional comments

Required Documents to Include in Application

Page description:

Only PDF documents can be attached.

First page of the most recent IRS Form 990

Applicable to 501c3 organizations only

[Browse...](#)

Copy of the most recent Massachusetts Public Charity Form

Applicable to 501c3 organizations only

[Browse...](#)

Letter from the Fiscal Sponsor certifying applicant's revenue, including only that which would be reported on the Total Revenue line of IRS Form 990.

Applicable to fiscally sponsored organizations only

[Browse...](#)

Resume(s) of Executive Director and other key staff *

[Browse...](#)

Fiscal Sponsor Agreement Letter (if applicable)

[Browse...](#)

Thank you for your submission

Your Letter of Intent application has been successfully submitted, and we look forward to reading it. If you have questions about our grants process and timeline, please read **For Non-Profits** on our website.

Thank you for submitting your Letter of Intent Application to The Philanthropy Connection.

Best regards,
The Philanthropy Connection
