Thank you for applying to the Webster Five Foundation. Please ensure your application is prepared in accordance with the following guidelines:

GUIDELINES FOR REQUEST

1. The Webster Five Foundation encourages applicants to apply for a different program each year. Repeat program funding requests should be well-documented.
2. Please type all proposals
3. Please do not alter the format of the application
4. Preferred method of delivery is email
5. All attachments should be in the order below in PDF format
6. **DEADLINES:** The Foundation Board of Directors meets quarterly in January, April, July and October. Applications *MUST be RECEIVED* by:
    - March 15th
    - June 15th
    - September 15th
    - December 15th

COMPLETED PROPOSAL REQUIREMENTS

- Completion of Sections outlined above.
- Signed Application
- CEO/Executive Director Biography or Resume
- Most recent complete FYE financial statements (CPA reviewed or audited)
- Interim Unaudited Profit and Loss and Balance Sheet dated within 90 days
- Brief explanation of the organization's current financial position
- List of Board of Directors (include their affiliation/place of employment and title)
- Copy of your IRS 501 c3 Letter – verifying tax-exempt status

POST-FUNDING REQUIREMENTS

- Submission of a typed report detailing how the awarded grant funds were spent as well as the impact the funded program has had on our community.
- **DEADLINES:** The report on the use and impact of the awarded grant funds are due within 60-days upon completion of the funded program.

Application for Grant

Name of Organization:			
Tax Exempt ID #:		Date Established:	
Street Name/# Town, State, Zip			
Name of CEO/Executive Director:			
Website:			
Fiscal Agent: Yes or No			
If yes, Name of Fiscal Agent:			
Grant check payable to:			
ORGANIZATION			
Describe your organization (mission, vision, and values):			
Which classification best describes your organization? ○ Youth Services ☐ ○ Senior Services ☐ ○ Health Services ☐ ○ Social Services ☐			
What percentage of your total operating budget is spent on the following:		Fundraising: Administration: Program: **Total**	% % % 0 **%**

What percentage of your funding comes from the following:	Board Members	%
	United Ways	%
	Government	%
	Membership	%
	Individual Donors	%
	Corporate Giving	%
	Foundations	%
	Other	%
	Total	0 %

Organization: Fiscal Role of Board of Directors

As a funder, we believe strongly that board members must take an active role in both helping you raise philanthropic funding and personally investing themselves.

Does your organization have a "give/get" fundraising expectation for your board members?

Has 100% of your board members financially contributed during the last fiscal year? If not, what percentage has financially contributed? If not 100%, can you explain why you are comfortable with less than 100%?

Organization: Diversity, Equity, Inclusion, and Belonging

What percentage of your board of directors represent ethnic and racially diverse communities?

Race:		Ethnicity:	
American Indian or Alaska Native	%	Hispanic	%
Asian	%	Non-Hispanic	%
Black or African American	%	**Total**	0 %
Mixed Race	%		
Native Hawaiian or Other Pacific Islander	%		
White	%		
Total	0 %		

What percentage of your senior staff represent ethnic and racially diverse communities?

Race:		Ethnicity:	
American Indian or Alaska Native	%	Hispanic	%
Asian	%	Non-Hispanic	%
Black or African American	%	**Total**	0 %
Mixed Race	%		
Native Hawaiian or Other Pacific Islander	%		
White	%		
Total	0 %		

PROGRAM OVERVIEW

Program to be Funded:

Amount Requested $:

What percentage of the program funds requested will go to program participants from low to moderate income families? %

Date Funding Desired:

What part of the bank's assessment area will the program services be provided?			
☐ Auburn ☐ Boylston ☐ Charlton ☐ Douglas ☐ Dudley ☐ Grafton	☐ Holden ☐ Leicester ☐ Millbury ☐ Northborough ☐ Oxford ☐ Paxton	☐ Shrewsbury ☐ Southbridge ☐ Sutton ☐ Webster ☐ West Boylston ☐ Westborough	☐ Putnam, CT ☐ Thompson, CT ☐ Woodstock, CT

Which funding priority(ies) does this request fit into?

- ☐ Improving or Expanding Access to Youth Programs
- ☐ Improving or Expanding Access to Senior Services
- ☐ Improving or Expanding Access to Health Services
- ☐ Community Development
- ☐ Improving or Expanding Access to Social Services

Which type of support are you seeking?

- ☐ Annual Campaign
- ☐ Program Development
- ☐ Emergency Funds

Please indicate how your program aligns with the Webster Five Foundation's funding priorities.

Has your organization received funding from the Webster Five Foundation in the past? If so, for what program?

Program Contact Person:	
Email Address:	**Phone Number:**

PROGRAM - SPECIFICS
What are the goals and objectives of the program?
Describe how the program will work with and/or complement other community efforts to address the stated need.
Describe if this is a new or existing program.
If a repeat request for the same program, why are you not requesting funds for a new program or purpose?
Describe the anticipated outcomes of the program.
How will you define/determine success? How will it be measured? (Provide tangible measures as we will be asking you to submit an annual report regarding the success of the program.)

PROGRAM - BUDGET

What is the total budget of the program?

What are the other anticipated funding sources? (Who are the other funders and how much have you asked them to fund?)

Explain the impact to the proposed project or need if the request is only partially funded.

PROGRAM - DEMOGRAPHICS

Please describe the demographics of the program participants.

- Describe the population being served and the number of people who benefit from the program.

- Race and Ethnicity of participants.

Race:		Ethnicity:	
American Indian or Alaska Native Asian	%	Hispanic	%
Black or African American	%	Non-Hispanic	%
Mixed Race	%	**Total**	0 %
Native Hawaiian or Other Pacific Islander	%		
White	%		
Total	0 %		

- Participants with disabilities. Please tell us if any of your program participants have the following: Physical, developmental, behavioral or emotional, and sensory impaired disorder.

- % from low-to-moderate income families.

- % that are homeless.

Signature of CEO/Executive Director **Date**