



## *Grant Request Form*

Organization name: \_\_\_\_\_

Contact name: \_\_\_\_\_

Contact information: \_\_\_\_\_

Date of request: \_\_\_\_\_

Purpose of the request: (Provide specific information including anticipated number of Concord senior citizens participating.)

Funds requested: (Provide itemized list)

Date(s) of the event: \_\_\_\_\_

Have you requested or are you planning to request funds from other sources for this event/ activity? If yes, please provide a copy of the request(s) indicating the funds requested and received from others.

Date funds needed: \_\_\_\_\_

Authorized signature: \_\_\_\_\_

Mail completed form to Concord Friends of the Aging, Corp., PO Box 1513, Concord MA 01742 or email to [treasurer@concordfriendsoftheaging.org](mailto:treasurer@concordfriendsoftheaging.org).

Requests received by the **last Tuesday of the month** are considered at the next Board Meeting.

*Submit Form*