



## Safety Net Grants Application

### Details

Organization:

Requested Grant Amount Level

[Click here to select grant amount](#)

### Contact Information for Executive Director/Head of Organization

Select a Prefix

Head of Organization First Name

Head of Organization Middle Name

Head of Organization Last Name

Head of Organization Title

Head of Organization Phone

Head of Organization Email Address

Is the Grant Application contact the same as the Head of the Organization?

Choose an item.

### Contact Person for this Application if other than Head

Select a Prefix

Contact First Name

Contact Middle Name

Contact Last Name

Contact Title

Contact Phone

Contact Phone Extension

Contact Email Address

**Population Served** (check all that apply)

Choose an item.

**Please select the best priority area for your organization** (select one)

- Legal Services and Work Authorization
- Benefits Navigation
- Community Engagement & Protection

**What is the current revenue bracket of the organization?**

[Click here to select revenue bracket](#)

**Organization Mission Statement** Please limit your response to one (1) to two (2) sentences

**Project Title**

**Brief project summary:**

Please provide a 1-2 sentence summary of the project for which you are requesting funding

**Geographic Area (s) Served** We recognize that not everyone will find an exact match for the geography that most closely matches their service area. Please be as specific as possible. Only select "Massachusetts - General" if your work has statewide impact. If you work in the City of Boston, please select 1-3 neighborhoods that you serve.

NOTE: it is necessary to select only one geographic area to be served. You should select second and third areas to be served only if the program is significantly benefiting multiple geographical areas.

Required: [Click here to select a Geographic Area Served \(1\) from the dropdown](#)

Optional: [Click here to select a Geographic Area Served \(2\) from the dropdown](#)

Optional: [Click here to select a Geographic Area Served \(3\) from the dropdown](#)

**Population Information**

**Population Served** (check all that apply)

- Immigrants and Refugees
- LGBTQIA+
- Mixed General Population
- People with Disabilities
- Seniors
- Women and Girls
- Youth
- Other

**Demographic Narrative:** Please describe the demographic composition and lived experience of your board, staff, and volunteers (ex. race/ethnicity, income level, gender identity/expression, sexual orientation, disability status, age, etc.) and how your organization listens to/involves your community. Please describe what goals, if any, your organization has developed around equity.

**How many individuals does your organization serve directly?**

We understand that you may not be tracking this, so give us your best guess. This can include constituents if your programming is organizing/advocacy.

**[Optional] You can provide context behind the number of individuals you serve here (such as significant fluctuations, program quality limitations and capacity, etc.):**

**Narrative Questions**

**Context Setting:** What challenge or opportunity is unfolding in your community that you are addressing? What essential need(s) does your organization respond to?

**Partners:** With which partners, such as organizations, individuals, and coalitions, do you work to advance your programmatic efforts and impact?

**Organizational Budget**

Please attach your current budget. If your organization is fiscally sponsored, please attach your budget rather than the budget of your fiscal sponsor. The Foundation does not have a required format for this document, so you may submit it in whatever format you use. If you are requesting funding for a specific project (rather than general operating support) you are

welcome to submit a budget for that specific project instead of an overall organizational budget.

**Fiscal Sponsor Letter/Agreement**

If your organization is fiscally sponsored please provide a copy of your fiscal sponsor letter/agreement.