Essex County Community Foundation

THE WOMEN'S FUND OF ESSEX COUNTY

WOMEN'S FUND COVER SHEET

PROJECT INFORMATION

Title of Project	
Amount Requested	

ORGANIZATION INFORMATION

Organization Name	
Mailing address	
Website	
Name of chief executive officer	
Email address	

GRANT CONTACT INFORMATION

Name and position if different from the CEO	
Mailing address of grant contact person	
Telephone number	
Fax number	
Email address	

FISCAL CONTACT INFORMATION (For receipt of check)

Name and position if different from the CEO	
Mailing address of fiscal contact person	
Telephone number	
Fax number	
Email address	

175 Andover Street, Suite 101, Danvers, MA 01923
tel: (978) 777-8876 fax: (978) 777-9454
www.eccf.org

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TAX INFORMATION

Tax ID #			
Tax Status	□ Nonprofit 501(c)3	□ Local or state agency	□ Fiscal Sponsor

(Attach a letter confirming the arrangement including the contact name and contact information for the sponsor).

ORGANIZATION SUMMARY

Brief description of the organization's mission and services. (Please limit to 1 paragraph)

PROPOSAL

Title of Project	
Summary (Brief description of the project for which support is requested) (Please limit to 2 paragraphs)	
# People to be served	
Essex County communities to be served (by the proposed project)	
Dates of Project	

BUDGET

Amount Requested	
Budget Narrative (Brief description of the expenses of the project and other funding sources, committed or pending.)	