



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

What is the current revenue bracket of the organization?

Click here to select revenue bracket

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 Served

Choose an item.

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

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

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.

Upload Budget

Upload Fiscal Sponsorship Letter (if applicable)