

▶ Grant Application Process

Organization Summary



Please type or neatly print all responses.

Organization name		
Address _____		
City _____	State _____	Zip _____
Phone _____	Fax _____	
Website _____		
Executive Director name		
Phone _____	E-mail _____	
Grant writer name		
Phone _____	E-mail _____	
Other name		
Phone _____	E-mail _____	
Year founded	Annual operating budget	Tax ID number
Is the organization a 501(c)(3)?	If not, what is tax status	Are you a United Way agency?
Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>
Number of staff	Does the organization regularly utilize volunteers?	If so, how many volunteer hours are accumulated per year?
Full-time staff ___ Part-time or contract ___	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Are there any Hanover Insurance Group employees volunteering for the organization?	If so, please consider sharing their names (attach additional sheet, if necessary):	
Yes <input type="checkbox"/> No <input type="checkbox"/>	Name _____	Name _____
Organization's focal points (check all that apply):		
<input type="checkbox"/> Education <input type="checkbox"/> Youth <input type="checkbox"/> Basic needs <input type="checkbox"/> Health <input type="checkbox"/> Arts <input type="checkbox"/> Adult <input type="checkbox"/> Senior		
Other community support (please specify):		
Organization mission statement:		
Name of program for which you are seeking funding:	Amount of funding you are requesting:	
	\$ _____	
FOR INTERNAL USE ONLY		
Date received _____	Date reviewed _____	
Date approved _____	Date notified _____	
Received: <input type="checkbox"/> Summary sheet <input type="checkbox"/> Grant application <input type="checkbox"/> Budget sheet <input type="checkbox"/> 501(c)(3) Proof <input type="checkbox"/> Audit/990 <input type="checkbox"/> Board <input type="checkbox"/> Outcomes		
Determination _____		