

Activation Fund Phase I: Concept Paper Cover Sheet

Organization Information:		
Organization's Legal Name:	EIN #:	Application Date:
Mailing Address:		Website:
Organization CEO/Executive Director Name:	Email:	Phone:
Primary Contact Name/Title (if different than above):	Email:	Phone:
Fiscal Sponsor Organization (if applicable):	EIN#:	Website:
Previous Year's Total Annual Operating Budget (Total Expenditures):		
Proposed Project Information:		
Proposed Grant Amount (target range is \$60,000 - \$125,00	00): Estimated Project Cost (if kno	own):
Please indicate the type of support requested (check one):	-	
☐ Capital (construction, technology, equipment, etc.)	☐ Programs/Services ☐ E	Both Capital & Programs
Summary of the Proposed Project (2-3 sentences describing	g how funds would be used and an	ticipated impact):
Primary Geographic Area(s) to be Impacted by the Project: (Please select no more than three):		
□ North Quabbin area – CHNA 2	☐ South County – CHNA 5	☐ Other Areas
☐ Quaboag Hills Region	☐ Greater Milford area – CHNA 6	(please specify)
☐ Metro West – CHNA 7	☐ Greater Worcester – CHNA 8	
□ North Central MA – CHNA 9	☐ Central MA – all areas	,
Proposed start and end date (12-month grant period is July 1— June 30):		
Instructions:		
To express interest in applying to the Activation Fund, please send the following materials via email to info@thfcm.org by 5:00 p.m. on the deadline posted on the website: 1) Cover Sheet (this form); 2) One-page Concept Paper outlining the proposed project (see the website for details to be included); and 3) List of Board members with affiliations or a list of senior leaders (for government/quasi-government agencies).		
For questions, please contact Jennie Blake, Vice President for Programs, at jblake@thfcm.org or (508) 438-0009 x 6.		
<u>Important!!</u> Please save changes before closing document and rename file with the organization's name & date.		