

**MASSACHUSETTS CONVENTION  
CENTER AUTHORITY**

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CONVENTION CENTER  
AUTHORITY**

**COMMUNITY PARTNERSHIP PROGRAM  
*GENERAL GRANT APPLICATION 2017***

# MASSACHUSETTS CONVENTION CENTER AUTHORITY

## MASSACHUSETTS CONVENTION CENTER AUTHORITY COMMUNITY PARTNERSHIP PROGRAM

### GENERAL GRANT INFORMATION

An internal committee of the MCCA will review grant applications and determine which programs will receive funding. Only requests from Boston-based, non-profit organizations working with at-risk youth, women or seniors, as well as programs revitalizing or improving a neighborhood and therefore improving the convention, tourist or visitor experience, will be reviewed. Requests for funding will be reviewed once a year. Applications for the current grant cycle must be received by **March 31, 2017**.

### GRANT PROPOSAL EVALUATION CRITERIA

Proposals for grants will be evaluated on the following criteria:

- Organizations must be based in Boston.
- Organizations receiving funding must be a recognized 501c3.
- Only grants that meet the two following criteria would be considered:
  - At-risk youth, women and seniors
  - Any program that revitalizes or improves a neighborhood and therefore improves the convention, tourist or visitor experience.
- No capital campaign funding.
- No grant shall exceed \$5,000.
- No donations to political causes or political action committees.
- Organizations will be required to furnish a purpose for their request (e.g., new education program, annual event, etc.)
- Incomplete applications may not be accepted. All forms must be filled out in their entirety.
- Preference shall be given to organizations who have never received an MCCA grant in the past.
- Provide **10 copies** with (one unbound reproducible copy) upon submission.
- **Failure to include a current IRS determination letter indicating tax-exempt 501(c)(3) status will result in disqualification of the application.**

*Please submit original, completed applications directly to:*

Robert O'Shea, Community Liaison  
Community Partnership & Hospitality Scholarship Fund  
Massachusetts Convention Center Authority  
415 Summer Street  
Boston, MA 02210  
**(No faxes or electronic versions will be accepted.)**

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**PART I: ORGANIZATION INFORMATION:**

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*Name of organization*

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*Address*

*City*

*State*

*Zip*

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*Telephone*

*Fax*

*Website*

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*Executive Officer's name*

*Title*

*Phone*

*E-mail*

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*Contact Person (if different than Executive Officer)*

*Title*

*Phone*

*E-mail*

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*Address of Contact Person (if different from above)*

*City*

*State*

*Zip*

*Is your organization certified by the Internal Revenue Service as a 501(c)(3) non-profit?*

*Yes*

*No*

*Tax Identification Number (FIN#):* \_\_\_\_\_

*Has your organization previously received grant funding from the MCCA?*

*Yes*

*No*

*If yes, please list amount:* \_\_\_\_\_ *Year* \_\_\_\_\_

**(Please Note: Failure to submit Grant Reporting Forms based on previous grant award(s) may result in disqualification.)**

**Please attach a copy of (1) your current IRS determination letter indicating tax-exempt 501(c)(3) status and (2) classification ("not a private foundation") status.**

**PART II: GRANT PROPOSAL INFORMATION:**

*Please provide a brief description and/or the mission statement of the non-profit organization. Attach any additional pages or materials, if necessary.*

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*Please provide a summary of the program for which you are requesting funding. Include project goals and projected outcome.*

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*List the program's target population, neighborhood and any collaborative partners.*

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*Please provide a timetable for meeting your program objectives.*

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*Total Number of staff: Full-time: \_\_\_\_\_ Part-time: \_\_\_\_\_*

*Total Number of Volunteers: \_\_\_\_\_*

**PART III: BUDGET INFORMATION:**

*On the additional form, please provide a program budget that lists projected funding and expenses, the nature and source of funding (including any non-Massachusetts Convention Center Authority funding, if applicable), and describing your long term funding strategy for the project, if applicable.*

*Total Amount Requested: \_\_\_\_\_*

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***I declare that the information contained within this application is complete and true to the best of my knowledge. I realize that making a false statement could cause the organization's application to be void, and I understand that failure to include a current IRS determination letter indicating tax-exempt 501(c)(3) status will result in disqualification of the application. I hereby authorize the release of this application and its supporting documents to appropriate persons within the Massachusetts Convention Center Authority in confidence as part of the application selection process.***

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*Print Name*

*Title*

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*Signature*

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*Date*