



Request for Proposals

GRANT APPLICATION

Please fill in all requested information and return completed application via mail or email. **ALL Applications MUST INCLUDE a copy of proof of organization's 501c3 status.**

Please send an electronic copy of this application to: shelme@northadams-ma.gov

Please send hard copies to:

Motorama c/o Office of Community Events
Suzy Helme
10 Main Street
North Adams, MA 01247

Contact:

Suzy Helme – Director of Community Events/ Motorama Committee
Phone: 413-664-6180
Email: shelme@northadams-ma.gov

1. Organization *(Must match IRS determination letter)*

- Name /Title of Contact Person
- Address:
- City/State/Zip:
- Phone:
- Fax:
- Email address:
- Website:

2. Grant Request Information (max \$500):

- Project Title:
- Amount Requested:

3. Brief history of the organization and description of existing services that includes the following:

(Mission Statement; age of organization; current programs and accomplishments; number of people served per year; current number of staff members and volunteers)

4. Description and goals of the proposed project or program:

5. Describe proposed use of funds requested: