

Hamilton Company Charitable Foundation
39 Brighton Avenue
Allston, MA 02134
(617) 783-0039

Preliminary Application

Organization Information

Date _____ Tax Exemption # _____

Organization _____ Organization Telephone # _____

Year Organization Founded _____

Address _____

Executive Director _____ Organization Fax _____

Contact Person _____

Email Address _____

Organization Operating Budget: Total Income _____ Total expenses _____

Total Assets _____

A paragraph describing your organization and its mission.

Project Information

Project Title _____

Project address if different from above _____

Project director _____ Telephone _____

Fax Number _____ Amount Requested _____

Project Budget _____ Project Duration _____

A description of your project and how it specifically meets our guidelines.

Signature and title of the person authorizing this application to the Hamilton Company Charitable Foundation.

Name _____ Signature _____

Title _____ Date _____

For requests over \$5,000.00, a full proposal must be completed in addition to this preliminary application.