

ACTON-BOXBOROUGH UNITED WAY

SAGE GRANT APPLICATION for Individual \$500 or less

The ABUW Special Assistance for Grants and Emergencies application is to be used for immediate and urgent needs.

AGENCY/REPRESENTATIVE NAME: _____

PRINCIPAL ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

TELEPHONE () _____ FAX () _____

EMAIL ADDRESS: _____ WEBSITE: _____

APPLICATION FILED BY: (must be principal contact for organization) _____

PHONE _____ EMAIL _____

POSITION _____

SECONDARY CONTACT: _____

PHONE _____ EMAIL _____

WHAT IS YOUR SAGE GRANT FUNDING REQUEST (\$ AMOUNT) FROM THE ACTON-BOXBOROUGH UNITED WAY FOR THE PROGRAM YEAR 2014-2015?

\$ _____

____ This is a first time application for SPECIAL funding for this individual/agency from the ABUW

____ Most recent application for funding from the ABUW _____



A. Description of Need: What is the issue you plan to address with the use of Acton Boxborough United Way special funding?

B. What other sources of funding are you pursuing to address this issue? How will this funding augment already existing programs in the area? If cooperative arrangements exist from other resources, please specify.

CONDITIONS OF SPECIAL GRANT

ABUW RECOGNITION:

Acton-Boxborough United Way requires supported agencies to acknowledge AB United Way funding by displaying the Acton Boxborough United Way logo on printed material, websites, and/or posters or other visual and electronic media in their office or facility where practical. Other required and acceptable methods of acknowledgement include mention of ABUW financial support in publicity materials including newspaper appeals, articles, or newsletters.

REPORTING:

At the discretion of the Executive Director, Acton-Boxborough United Way may require special grant agencies and agencies representing individual recipients to provide a written report which details the outcomes of this award and its impact on the individuals served in our community within sixty days of receipt of funding.

AGENCY STATEMENT OF NON-DISCRIMINATION:

The members, officers, directors, committee members, employees and individuals served by this organization confirms that it does not discriminate on the basis of race, color, religion, national origin, age, gender, or sexual preference.

Signature

Title



Acton Boxborough
United Way

Date

ACTON-BOXBOROUGH UNITED WAY

SAGE GRANT APPLICATION: Request for Individual

Greater than \$500

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AGENCY/REPRESENTATIVE NAME: _____

PRINCIPAL ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP CODE:** _____

TELEPHONE () _____ **FAX ()** _____

EMAIL ADDRESS: _____ **WEBSITE:** _____

APPLICATION FILED BY: (must be principal contact for organization) _____

PHONE _____ **EMAIL** _____

POSITION _____

SECONDARY CONTACT: _____

PHONE _____ **EMAIL** _____

WHAT IS YOUR SAGE GRANT FUNDING REQUEST (\$ AMOUNT) FROM THE ACTON-BOXBOROUGH UNITED WAY FOR THE PROGRAM YEAR 2014-2015?

\$ _____

____ This is a first time application for SPECIAL funding for this individual/agency from the ABUW

____ Most recent application for funding from the ABUW _____

This section is to be completed by agency representing the individual in need of special funding for immediate and urgent services:

- A. Description of Need: What is the issue you plan to address with the use of Acton Boxborough United Way special funding?
- B. What other sources of funding are you pursuing to address this issue? How will this funding augment already existing programs in the area? If cooperative arrangements exist from other resources, please specify.

CONDITIONS OF SPECIAL GRANT

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