



Anders Martenson III MD, Trustee  
 Michael O'Shaughnessy, Esq, Trustee  
 Paul A. Little, Trustee

## HOWARD W. MAXIM FOUNDATION

P.O Box 426 Middleborough, MA 02346

### APPLICATION FOR GRANT

For the Massachusetts towns of Carver, Lakeville Middleborough and Rochester.

Please send applications to [grants@howardmaximfdn.org](mailto:grants@howardmaximfdn.org) or mail to:

Howard W. Maxim Foundation P.O. Box 426 Middleborough, MA 02346

Date: \_\_\_\_\_

Full Name of Organization: \_\_\_\_\_

Full Name & Title of Applicant: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_ Email: \_\_\_\_\_

Amount of Grant Requested: \_\_\_\_\_ Project Period From: \_\_\_\_/\_\_\_\_/\_\_\_\_ To: \_\_\_\_/\_\_\_\_/\_\_\_\_

Project Description and Benefit to the Community:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Description of fund raising for this project:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Please declare whether your organization has ever received a grant from our foundation previously:

\_\_\_\_\_ Yes \_\_\_\_\_ No

Date and Purpose of Previous Grant \_\_\_\_\_

**\*I hereby certify, in completing this form, that our organization is a registered Non-profit corporation.**

Grant Application Signature: \_\_\_\_\_

Please feel free to include supporting information along with application email or mailing.