



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

HOWARD W. MAXIM
 FOUNDATION

APPLICATION FOR GRANT

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

Please send applications to grants@howardmaximfdn.org

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 like a quote or bid with your email.