

Grant Application Form

Date: ____/____/____ Name of Organization: _____

Contact Person: _____ Title: _____

Address: _____

City: _____ State: _____ Zip: _____ Tel. No. _____

Email: _____ Website: _____

Federal Tax 501(c)(3) Number: _____

Name of program/initiative for which you are requesting support: _____

Total amount of funding requesting: \$ _____ Total budget for program/initiative \$ _____

Brief description of program/initiative: _____

Please indicate the number of individuals (to the best of your ability) that will be directly impacted by this program _____

Total organizational budget for current fiscal year: \$ _____ Fiscal year end: ____/____/____

List current major sources of funding: _____

If there are potential opportunities for volunteer involvement by interested Boston Scientific employees, please outline below.

Has your organization received any previous funding from Boston Scientific or its affiliates? If so, please indicate dates(s) and amount of contribution(s) Amount \$ _____ Date ____/____/____

Amount \$ _____ Date ____/____/____

Amount \$ _____ Date ____/____/____

I certify that my organization does not discriminate in who we serve or who we hire on the basis of race, religion, color, national origin, citizenship, gender, sexual orientation, veteran's status, age, mental or physical disability, genetic information or any other class protected by federal, state, or local law requiring equal opportunity. I also certify that the organization does not advocate, support, or practice activities that discriminate with regard to any of the aforementioned protected classes.

Executive Director's Signature

Organization

Date

Applications are accepted throughout the year. Please submit your application to:
Boston Scientific Foundation
One Boston Scientific Place - Mailstop B2, Natick, MA 01760
Tel: 508 650 8554 Fax: 508 650 8932

Foundation Use Only: Proposal Number: _____