

# Cummings \$30 Million Grant Program - 2023 LOI

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## *Cummings Foundation*

### **Previous Cummings Grants\***

Has your organization previously received a grant of \$100,000 or more from Cummings Foundation?

### **Project Name\***

What is the name of the program for which the grant is being requested? If the grant, instead, would fund general operating expenses, please so indicate.

*Character Limit: 100*

### **Fiscal Sponsorship\***

Is the organization requesting funding under the fiscal sponsorship of another organization?

*Character Limit: 250*

### **Fiscal Sponsor Name\***

*Character Limit: 250*

### **Please Upload Your Fiscal Sponsor Memorandum of Understanding\***

*File Size Limit: 1MB*

### **Year Founded\***

Please enter the year the organization was founded.

*Character Limit: 100*

### **County\***

In what county is the organization headquartered? (Middlesex, Essex, or Suffolk)

*Character Limit: 100*

### **Requested Annual Installment (LOI)\***

Annual installments will likely range from \$10,000 to \$100,000, with most being paid over either three or 10 years. Please indicate your requested annual installment, which should not exceed 20 percent of your organization's average annual revenue for the past three years.

*Please use round numbers (e.g., \$40,000 instead of \$42,599). Additionally, while an organization's preference is taken into consideration, the Foundation may award a grant with a different annual installment.*

*Character Limit: 20*

### Annual Budget\*

On separate lines, please enter the three most recently completed fiscal years and the organization's total expenditures for each year. (The numbers should represent the entire organization, not just the department, office, or program related to this application.) To aid the grant reviewers, please format your response like the example below:

2021: \$XXX,XXX

2020: \$XXX,XXX

2019: \$XXX,XXX

*Character Limit: 500*

### Category\*

Please select the category that **best** matches your organization or the need for which funds are being requested.

### Geographic Area\*

What specific geographic area(s) will the program serve?

*Character Limit: 100*

### Geographic Percentage\*

What percentage of people served by the *entire* organization's *overall* services – not just services provided by one office or division, and not just services to be funded by this grant – reside within Essex, Middlesex, and Suffolk County?

*Character Limit: 250*

### Summary\*

In 20–25 words only, please summarize what the grant funding would support by finishing this sentence: We would use this funding to... (Example: "provide low-income immigrants and refugees in the North Shore region with English for Speakers of Other Languages (ESOL) instruction through conversation groups and one-on-one tutoring.")

*Character Limit: 225*

### Need Description\*

In 500 words or fewer, please describe the need for which funds are being requested, the problem to be solved, the gap to be filled, etc. (Note that the full application allows for a more comprehensive response.)

*Character Limit: 3500*

### Plan for Grant Funds\*

In 800 words or fewer, please describe how the funds would be applied to address the need stated above and how your organization is qualified to conduct this work. Please be concise, but specific. Convey who, what, when, where, and how. (Note that the full application allows for a more comprehensive response.)

*Character Limit: 5000*