

**What projects will be considered?**

- Non profits addressing the challenges of food/shelter/healthcare insecurities in the four counties of Western Massachusetts through direct services
- Requests for new or existing programs
- Temporary or one time service projects which meet eligibility requirements

**Eligibility:**

- Organizations must be a nonprofit charity with IRS designated 501 (c)(3) status or sponsored by such organization.
- Project must benefit the residents of Franklin, Hampden, Hampshire, Berkshire counties in Massachusetts.
- Organizations must serve with equal treatment, inclusion and respect for all people regardless of their age, race, class, ethnicity, gender, national origin, sexual orientation, and religion.

***Speak Out For A Cause* DOES NOT support requests for:**

- Endowments
- Capital Campaigns
- Private education and religious organizations except for service/ministry programs that serve broad community needs
- Retroactive funding
- Fundraising events, the purchase of tickets for benefits, courtesy advertising
- Projects that seek to directly or indirectly influence legislation or election campaigns; this includes activities related to influencing government policies, permitting or regulations.

Name of Service/Ministry /Org. Checks Should be Made Payable To:		EIN#:	
If you are sponsored by a local church, or other organization please list that info below, otherwise list your own information if you are the standalone entity applying.			
Organization Sponsoring the Service (church etc):			
Street Address:			
City:	State:	Zip:	
Mailing Address (if different than Street Address):			
City:	State:	Zip:	
Phone:	Website:		
Contact Name:		Contact Email:	
Contact Phone #:		Title:	
<b>ORGANIZATION PROFILE</b>			
Staff Size:	# of Regular Volunteers:	How often do you provide direct services:	
<input type="checkbox"/> Hampden County	<input type="checkbox"/> Hampshire	<input type="checkbox"/> Franklin County	<input type="checkbox"/> Berkshire
Primary City or Town Served:			
Description of Organization:			
How will the funding be used?			
What is your primary source of funding? (grants, private donations etc)			
<i>IF THIS IS A TEMPORARY PROJECT OR SERVICE PLEASE ANSWER QUESTIONS BELOW, SKIP IF IT DOES NOT APPLY</i>			
Project Start Date:		Project End Date:	

Please answer the following questions and submit with application:

		YES	NO
1	Do you and your project support equal treatment and serve with inclusion and respect for all people regardless of their age, race, class, ethnicity, gender, national origin, sexual orientation, and religion?	<input type="checkbox"/>	<input type="checkbox"/>
2	Will funding be used to pay you or another grantee directly for time?	<input type="checkbox"/>	<input type="checkbox"/>
3	Is funding to be used for capital campaign or ongoing operational expenses?	<input type="checkbox"/>	<input type="checkbox"/>
4	Are a segment of your volunteers youth groups, middle, high school or college students?	<input type="checkbox"/>	<input type="checkbox"/>

I certify that all information included in this application is accurate and complete.	
Original Signature of Contact:	Print Name & Title:
	Date:

**DEADLINE FOR SUBMISSIONS FOR FIRST YEAR RECIPIENT APPLICATIONS:  
08/31/2015**

Completed applications can be mailed to:

Attn: Fund Application  
**Speak Out For A Cause**  
P.O. Box 668  
Chicopee MA 01021