**En Ka Society, Inc. Grant Application**

*Before completing this application, please review the grant guidelines to ensure that your financial request falls within En Ka’s funding parameters.*

*All requests for funding must originate from organizations located in Winchester or serving the Winchester community. Each request will be considered on its own merits, regardless of previous grants, and in the context of other requests under review by the Grants Committee.*

*Applications should be complete and submitted with all information including: signatures, estimates, project budgets, and financials. Complete applications are required for the Grants Committee to properly evaluate applicants. Thank you.*

**Grant Application Deadlines: October 1 January 2 March 1 May 1**

Date of Application: **Click here to enter a date.**

Organization Information

Official Organization Name: **Click here to enter text.**

Address: **Click here to enter text.**

City: **Click here to enter text.** State: **Click here to enter text.** Zip Code: **Click here to enter text.**

Mission: **Click here to enter text.**

Contact Information

Name and Job Title: **Click here to enter text.**

Telephone: **Click here to enter text.** E-mail: **Click here to enter text.**

Purpose for Seeking Funds: **Click here to enter text.**

Amount Requested from En Ka: **Click here to enter text.**

Total Cost: **Click here to enter text.**

Other Organizations from whom you will request funding for this event/project: **Click here to enter text.**

Number of Winchester residents to be served: **Click here to enter text.**

Is this grant for Winchester Public Schools? Yes ☐ No ☐

If yes, from which school?

 All District Elementary Schools ☐ McCall ☐ Winchester High School ☐

Please have Principal/Assistant Superintendent sign here:

 Signature

 Print Name

 Print Title

If this grant is from an organization such as the Town of Winchester, the Winchester Police Department, the Winchester Fire Department, or any other organization where a senior official may need internal sign off on such a request, please have that official sign here:

 Signature

 Print Name

 Print Title

Please indicate below the exact address (including contact name) to which a possible grant would be mailed:

Organization Name: **Click here to enter text.**

Address: **Click here to enter text.**

City: **Click here to enter text.** State: **Click here to enter text.** Zip Code: **Click here to enter text.**

Contact Name: **Click here to enter text.**

*Unless otherwise stated, grant checks will be made out to the Official Organization Name indicated on Page One.*

GRANT SUBMISSION CHECKLIST:

☐ Complete application

☐ Obtain proper signatures

☐ Financials

☐ Project budget

☐ Official estimates

Email the completed application and financials to Grants@EnKaSociety.org

**OR**

Mail the completed application and financials to:

En Ka Society Grants Committee,

ATTN: Grants Chair

1037 Main Street

Winchester, MA 01890

**If you choose to mail in your application and financials, please send a brief email to** Grants@EnKaSociety.org **notifying them of your submission.**

**REMEMBER -- Grants will not be reviewed without financial documentation included.**