

City of Boston Grant Application Abstract

| Applicant Department: | Grantor: |
|---|---|
| Estimated Grant Amount: \$ | Program Name: |
| City Match/In-Kind Funds and Sources: \$ | CFDA#: |
| | Pass Through Agency: |
| | Grantor Application Deadline:// |
| The above named Grant is: (Please check one) | Grant Start/End Dates: |
| □ new to this Department □ a renewal/continuation of an existing grant | From/ to/ |
| | |
| Grant Program Goals and Activities: Please supply a brief overview of the Grant Program Goals, including specific outcomes, and the activities the Department and its partners will undertake to achieve these goals. You may attach one additional sheet of paper if necessary. | |
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| Department Head/Designee Printed Name | Department Head/Designee Signature & Date |