



SOUTHBRIDGE BUSINESS PARTNERSHIP

P.O. Box 587

Southbridge, MA 01550

SOUTHBRIDGE BUSINESS PARTNERSHIP GRANT APPLICATION

As part of our mission states, the Southbridge Business Partnership will receive, administer and distribute funds in connection with any activities related to our mission and goals. Requests will be considered if funding is available. Please refer to the grant guidelines/application letter for additional details.

Contact Name: _____

Contact Email: _____

Contact Telephone: _____ **work** **mobile/cell** **home**

Organization Name: _____

Organization Address: _____

Organization City: _____ **State:** _____ **Zip:** _____

Amount Requested: \$ _____

Description of how funds will be used:

Location where items/funds will be used:

Explain program/project including people who will benefit, impact, any additional info for us to consider:

Submit completed form and any supporting documentation (if applicable) to: info@sbpartnership.org

Questions? Contact Southbridge Business Partnership at: info@sbpartnership.org or Lisa Fortin, Southbridge Business Partnership Treasurer, VP, Loan Servicing, Savers Bank, Cell: (774) 230-3042