



Massachusetts Attorney General's Office Grant Application Cover Sheet

Name of Grant being applied for: _____

Organization Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Organization Website: _____

Primary Contact Person: _____

Title: _____

Phone Number: _____

Email Address: _____

Secondary Contact Person: _____

Title: _____

Phone Number: _____

Email Address: _____

Total Grant Amount Requested: \$ _____

Abstract of proposed grant program*. Use only the space provided.

*If a grant is awarded, the abstract may be used in press releases, AGO website, and other AGO related publications.