Commonwealth of Massachusetts

EXECUTIVE OFFICE OF HOUSING & ECONOMIC DEVELOPMENT

**MASSACHUSETTS OFFICE OF BUSINESS DEVELOPMENT**

136 BLACKSTONE STREET, 5TH FLOOR

BOSTON, MA 02109

**Fiscal Year 2021 Grant Application**

**For Zoos in Massachusetts**

**Release Date:**  **Wednesday, May 5, 2021**

**Application Deadline: Wednesday, May 19, 2021 by noon.**

 Late applications will not be accepted.

**Email application to**: Nhat.Le@mass.gov

**Mailing address:** 136 Blackstone St, 5th Floor

 Boston, MA 02109

**Fiscal Year 2021 Grant Application**

**For Zoos in Massachusetts**

**Overview**

The Massachusetts Office of Business Development is accepting grant application from the zoos in the state that are not under the purview of the Commonwealth Zoological Corporation for Fiscal Year 2021.

**GRANT APPLICATION**

**Instructions:**

1. Applicants must complete all required sections in order to be considered for a grant award.
2. Maximum grant per application should not to exceed $150,000.
3. Additional pages and/or exhibits such as brochures can be included with the grant application.
4. Applications must be emailed to nhat.le@mass.gov no later than **12pm on Wednesday, May 19, 2021**.

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| **Organizational Information** |
| Name of zoo |  |
| EIN Number |  |
| Address |  |
| Contact Name/Title |  |
| Phone |  |
| Email address |  |
| Web address |  |
| Amount requested |  |

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| **Application Narrative** |
| *Please provide a brief description of the organization and a narrative on the proposed use of Commonwealth grant funds. Please include information such as the zoo size, number and types of animal and exhibits, types of educational, research, and conservation programs available at the zoo, if applicable.* |

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| **Budget** |
| *Please provide a proposed budget, up to 5% of the grant request may be used for administrative cost.* |

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| **Line Item/category** | **Amount** | **Description/Explanation** |
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| **Total** | **$** |  |

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| **Signatory, Certification & Acknowledgement** |
|  I, *(name of submitter)*, hereby certify that I am duly authorized to submit this application on behalf of *(name of organization)*, and further certify, under the pains and penalties of perjury, that the responses to the questions provided in this application, and the attached documentation, are true, accurate, and complete. I understand that EOHED/MOBD will rely on the information provided in this application in deciding whether to award a grant, and that the Commonwealth reserves the right to take action against me, the applicant organization, or any other beneficiary of a grant, if any of the information provided is determined to be false, inaccurate, or misleading. I hereby also affirm that, if awarded, the applicant organization will comply with all applicable laws and regulations.The signatories also hereby acknowledge that, under the Public Records law of the Commonwealth of Massachusetts, this application and all documents submitted in support thereof are public records under the provisions of Massachusetts G. L., Ch. 4, sec. 7 (26). |
| [Type name & title here]       [ ]  E-Signature of Applicant Date*This Application is requested electronically. For reporting purposes, please type in your name and click the box acknowledging your E-Signature.* |
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