

Name of Organization \_\_\_\_\_

Full Address \_\_\_\_\_

Contact Person \_\_\_\_\_ Phone Number \_\_\_\_\_

Non-profit Status \_\_\_\_\_

What is the mission of your organization?

How are you making a difference?

How many “stakeholders” are involved with you (staff, supporters, clients, audiences, funders, etc.)?

How do you communicate with your stakeholders?

How would you use a CinemaSalem Grant?

One grant will be awarded each month. Please print out this form and mail it to:

CinemaSalem  
attn: CinemaSalem Grants  
One East India Square  
Salem MA 01970