

NABY FRYE ASSYRIAN FUND FOR CULTURE 15 TOWER HILL ROAD BRIMFIELD, MA 01010

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APPLICATION FOR GRANT

(Please limit your application to no more than 4 electronic pages total, double space, 12 pt.) Name of applicant: ______ Date: _____ Address: ______ Email: ______Tel: _____ Organization (if applicable): 1. Name of Project: 2. Purpose (2 sentences): 3. Background history of project (limit to one page, double space, 12 pt. font) 4. Method of work (limit to one page, double space, 12 pt. font) 5. Project Start Date: _____ 6. Project End Date: 7. Budget: Amount Requested from NFAFC: ______ List Names of Other Funder(s): Amount Financial support from other Funder(s): 8. Dissemination of End Product: