

**MASSACHUSETTS
CONVENTION CENTER
AUTHORITY**

**COMMUNITY PARTNERSHIP PROGRAM
*GENERAL GRANT APPLICATION 2026***

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GENERAL GRANT INFORMATION

An internal committee of the MCCA will review grant applications and determine which programs will receive funding. Only requests from Boston-based, non-profit organizations working with at-risk youth, women or seniors, as well as programs revitalizing or improving a neighborhood and therefore improving the convention, tourist or visitor experience, will be reviewed. Requests for funding will be reviewed once a year. Applications for the current grant cycle must be received by **June 5, 2026**.

GRANT PROPOSAL EVALUATION CRITERIA

Proposals for grants will be evaluated on the following criteria:

- Organizations must be based in Boston.
- Organizations receiving funding must be a recognized 501c3.
- Only submissions that meet the two following criteria would be considered:
 - At-risk youth, women and seniors
 - Any program that revitalizes or improves a neighborhood and therefore improves the convention, tourist or visitor experience.
- No capital campaign funding.
- No grant shall exceed \$5,000.
- No donations to political causes or political action committees.
- Organizations will be required to furnish a purpose for their request (e.g., new education program, summer project, etc.)
- Incomplete applications may not be accepted. All forms must be filled out in their entirety.
- Preference shall be given to organizations who have never received an MCCA grant in the past.
- **Failure to include a current IRS determination letter indicating tax-exempt 501(c)(3) status will result in disqualification of the application.**

Please submit original, completed applications directly to:

Arthur Fritch, MCCA Community Liaison
Community Partnership & Hospitality Scholarship Fund
Massachusetts Convention Center Authority
415 Summer Street
Boston, MA 02210

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PART I: ORGANIZATION INFORMATION:

Name of organization

Address

City

State

Zip

Telephone

Fax

Website

Executive Officer's name

Title

Phone

E-mail

Contact Person (if different than Executive Officer)

Title

Phone

E-mail

Address of Contact Person (if different from above)

City

State

Zip

Is your organization certified by the Internal Revenue Service as a 501(c)(3) non-profit?

Yes

No

Tax Identification Number (FIN#): _____

Has your organization previously received grant funding from the MCCA?

Yes

No

If yes, please list amount: _____ *Year* _____

(Please Note: Failure to submit Grant Reporting Forms based on previous grant award(s) may result in disqualification.)

Please attach a copy of (1) your current IRS determination letter indicating tax-exempt 501(c)(3) status and (2) classification ("not a private foundation") status.

Please provide a timetable for meeting your program objectives.

Total Number of staff: Full-time: _____ Part-time: _____

Total Number of Volunteers: _____

PART III: BUDGET INFORMATION:

On the additional form, please provide a program budget that lists projected funding and expenses, the nature and source of funding (including any non-Massachusetts Convention Center Authority funding, if applicable), and describing your long term funding strategy for the project, if applicable.

Total Amount Requested: _____

I declare that the information contained within this application is complete and true to the best of my knowledge. I realize that making a false statement could cause the organization's application to be void, and I understand that failure to include a current IRS determination letter indicating tax-exempt 501(c)(3) status will result in disqualification of the application. I hereby authorize the release of this application and its supporting documents to appropriate persons within the Massachusetts Convention Center Authority in confidence as part of the application selection process.

Print Name

Title

Signature

Date