



TUFTS UNIVERSITY  
Cummings School of Veterinary Medicine

**CUMMINGS SCHOOL SERVICE FUND**

**2011 Application**

Organization Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Contact Name & Title: \_\_\_\_\_

Corporate/Tax Status (Please attach tax exempt certificate and include # here): \_\_\_\_\_

Description of agency/organization (Please include number of staff, population served):  
\_\_\_\_\_  
\_\_\_\_\_

Describe the project to be funded (Please be very specific about how the funds will be used for this project):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Statement of community needs to be addressed; target population to benefit and number served:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Amount of funding requested? \_\_\_\_\_

What is the total budget for this project? Do you have the additional funding necessary to make the project a reality and complete it? \_\_\_\_\_  
\_\_\_\_\_

PLEASE ATTACH ADDITIONAL SHEET IF NECESSARY.  
APPLICATION SHOULD NOT BE LONGER THAN TWO PAGES.  
QUESTIONS? PLEASE CONTACT Jean Poteete at 508-887-4740