

MERRIMACK COUNTY SAVINGS BANK FOUNDATION

APPLICATION FORM

Name of organization: _____

Address: _____

Telephone: _____

Fax No.: _____

CEO/Executive Director: _____

Contact Person: _____

Organization's Charitable Purpose as set forth in your articles of organization:

Purpose of Grant: _____

Amount Requested: \$ _____

Date of 501 (c) (3) Designation: _____

Organization is a Public Private Charity (please check one)

Please include FIVE copies in your application package of the following information:

1. This Grant Request Application Form.
2. A one to three page description of the applying organization and the program(s) to be funded by the grant.
3. An explanation of the governance structure of the organization, including the organization's executive staff and Board of Trustees.
4. The amount requested. Organizations are required to submit a program/project budget, including other funding sources (if any) and how the funds will be used should the full grant request not be granted.
5. A copy of the organization's 501 (c) (3) determination letter, along with a statement that your organization currently qualifies as such, and that you are in compliance with reporting requirements of the Charitable Trust Division of the NH Attorney General's Office.
6. The name of a contact person for questions and response.

06/08