

**REYNOLDS CHARITABLE TRUST
ORGANIZATION GRANT REQUEST FORM**

Subject to state law and the rules and ordinance governing operation of the Trust, the information provided herein may be subject to the provisions of the State Open Records Act. Information will be used by the Trust Committee to determine eligibility for a grant. Applicant acknowledges that part of the application process involves Committee verification of information provided to assure applicant qualification on the basis of need.

Organization _____

Contact person _____

Location _____

Phone Number _____ **FAX** _____

E-Mail _____

Funding Request _____

I. PLEASE INDICATE IF YOUR AGENCY HAS ANY OF THE FOLLOWING: (MUST BE AVAILABLE IF REQUESTED)

ARTICLES OF INCORPORATION _____ MOST RECENT FINANCIAL STATEMENTS _____

TAX EXEMPTION _____ LAST ANNUAL AUDIT/REVIEW/COMPILATION _____

(PLEASE INDICATE DATE) _____

II. Please briefly describe the services your organization provides to Exeter residents.

- III. List the total number of clients your organization serves and the percentage of your service population who are Exeter residents.**
- IV. For which actual program, project or expense are you requesting contributive support? Please include an itemized budget.**
- V. From what other sources are you requesting funds or planning to request funds for this program or project? How much from each?**
- VI. Does your organization have access to endowment funds?**
- VII. What, if any, in-kind services or funding are you currently receiving from the Town of Exeter?**
- VIII. Has your organization been awarded any community development block grant money for the current calendar year? Have you received other grants for this project? If so, list the grant amounts, source and program funded.**

IX. Please attach a list of your current board of directors.

X. Please provide names and addresses of the organization's accountant and attorney.

XI. Please provide us any additional information about your organization that may assist the Committee in making its decision on your request.

The applicant, on oath, certifies, swears and acknowledges that all information in this application is material to the operation or consideration of the Committee and the Trustee, is true and accurate to the best of his/her knowledge and belief and that the Committee and Trustee will rely on such information in determining whether to suggest and/or award funds from the Reynolds Trust. Verification may be obtained from any source. Any change in the financial status of applicant after submission of this application and before decision thereon is to be brought immediately to the attention of the Committee.

Signature Applicant

Date
