

EDWARD P. SANDERSON TRUST FUND

Grant Application

Supporting, "the promotion of the education, health, and welfare of the inhabitants of said Town of Pittsfield."

APPLICANT INFORMATION

Applicant
(Agency, organization or individual) _____

Coordinator
(Contact person regarding this funding request) _____

Address: _____

Email: _____ Phone: _____

Name of application preparer: _____ Email: _____

PROJECT INFORMATION

Project title: _____

Amount requested: \$ _____

ATTACH DOCUMENTS LISTED BELOW

- Proposal Narrative
- Project Budget (*List of expenses and funding*)

TERMS AND CONDITIONS

Grants are subject to the following terms and conditions: grantees must use the grant for the purpose described in the grant application. The Trustees reserve the right to conduct site visits and to require interim reports. Grantees must report any unexpended funds at the end of the grant period. Grantees may be required to return unexpended funds. Grantees must notify the Trustees immediately if they cannot perform in accordance with the terms of the grant and/or materially change their mission or activities. In these circumstances, grantees may be required to return the grant.

Applicant/Coordinator Signature: _____ **Date:** _____

Deadline for Application: December 31. Applications can be mailed to:

Trustees of the Trust Funds
85 Main Street, Pittsfield, NH 03263