

# Madelaine G. von Weber Trust

*Funding worthy charitable projects throughout New Hampshire*

## I. APPLICANT ORGANIZATION PROFILE

(Please attach an additional sheet if you need more space for your answers.)

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

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

E-Mail: \_\_\_\_\_

Phone: ( \_\_\_\_ ) - \_\_\_\_ - \_\_\_\_ Fax: ( \_\_\_\_ ) - \_\_\_\_ - \_\_\_\_

Contact Person: \_\_\_\_\_

Organization's Legal Status: \_\_\_\_\_

**(Trust, Non-Profit Corp. or Unincorporated Association)**

Year Founded: \_\_\_\_\_

501 C (3): IRS Exemption Letter Date: \_\_\_\_\_

Federal EIN: \_\_\_\_\_

NH Dir. Of Charitable Trust Registration) #: \_\_\_\_\_

**(See RSA 7: 19-32-b)**

Tax Return Form 990 Filed w/IRS: (Attach **ONE** Copy) Y N

Annual Report (**NHCT 2A**) or **IRS Form 990** filed with **NH Director of**

**Charitable Trusts. If yes, attach ONE copy.** Y N

Conflict of Interest Policy Adoption Date: \_\_\_\_\_

BOARD OF DIRECTORS (TRUSTEES):

President/Chair: \_\_\_\_\_

VP/Chair: \_\_\_\_\_

Treasurer: \_\_\_\_\_

Secretary: \_\_\_\_\_

BOARD MEMBERS:

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

5. \_\_\_\_\_

6. \_\_\_\_\_

7. \_\_\_\_\_

8. \_\_\_\_\_

9. \_\_\_\_\_

## II. SERVICE PROFILE

# of registered members: \_\_\_\_\_

# of people served in past 12 months: \_\_\_\_\_

Area of Service: (Geographic) \_\_\_\_\_

National Affiliations:

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

Description of services provided: **(Please be concise)**

# Staff: (Full time) \_\_\_\_\_ (Part Time) \_\_\_\_\_

Compensation of 5 highest paid employees & position:

1) \_\_\_\_\_ \$ \_\_\_\_\_

2) \_\_\_\_\_ \$ \_\_\_\_\_

3) \_\_\_\_\_ \$ \_\_\_\_\_

4) \_\_\_\_\_ \$ \_\_\_\_\_

5) \_\_\_\_\_ \$ \_\_\_\_\_

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## III. GRANT REQUEST

Please provide a concise but detailed description of the project to be funded by this grant (Section III A-E should accurately show how the grant will be invested, what goals will be accomplished and how the project will be sustained after the grant funds are expended). Each Trustee must receive a legible copy **on or before** the deadlines of April 15 or October 15.

Application for \$\_\_\_\_\_ (Please specify amount)

**III A. Project Description:** Please describe the specific project for which these funds are requested. Attach a proposed budget for this project showing how the grant will be spent; include a list of the project's expenses and revenues.

**III B. Project Goals & Objectives:** Please list the specific goals and objectives by which the success of this project may be measured after its completion.

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**III C.** Please provide a written analysis of the sustainability of this project once the grant funds have been expended. Has the Board analyzed the project's long-term sustainability? Y N  
If yes, when \_\_\_\_\_.

**III D.** Project Commencement Date: \_\_\_\_\_ Fundraising Commenced: \_\_\_\_\_  
Project Completion Date: \_\_\_\_\_ % of Board Solicited: \_\_\_\_\_  
Total Project Budget: \$ \_\_\_\_\_ % of Membership Solicited: \_\_\_\_\_  
Funds Received to Date: \$ \_\_\_\_\_ Membership Contribution: \$ \_\_\_\_\_  
Funds Pledged to Date: \$ \_\_\_\_\_ Board Contribution: \$ \_\_\_\_\_  
Date of Board Resolution approving the Project: \_\_\_\_\_

**III E.** Outstanding Foundation Requests:

ENTITY	AMOUNT REQUESTED	AMOUNT GRANTED

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## IV. FUNDING HISTORY

Prior von Weber Requests:

Date	Amount	Project: (Brief Description)	Granted	
			Y	N
			Y	N
			Y	N
			Y	N
			Y	N
			Y	N

## V. FINANCIAL SUMMARY OF APPLICANT

Last FY

Last Fiscal Year (FY) Ended: _____	<u>Sources of Support</u>	<u>Amount</u>	<u>Percent</u>
Last FY Expenditures: \$ _____	Government Grants:	\$ _____	_____ %
Last FY Total Income: \$ _____	Program Fees:	\$ _____	_____ %
Operating Fund Balance at End of FY \$ _____	Endowment Income:	\$ _____	_____ %
Current FY Operating Budget: \$ _____	Other Earned Income:	\$ _____	_____ %
Endowment- Today's Value: \$ _____	Event Fundraising:	\$ _____	_____ %
Debt: \$ _____	Membership:	\$ _____	_____ %
Dues to National: \$ _____	United Way:	\$ _____	_____ %
Real Estate Owned: \$ _____	Contributions:		
Equipment Owned: \$ _____	- Business	\$ _____	_____ %
	- Individuals	\$ _____	_____ %
	- Foundations	\$ _____	_____ %
TOTAL \$ _____			

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## VI. CERTIFICATION

Are copies of audited financial statements routinely provided to your Board? Y N

Does the Board routinely receive photocopies of each endowment's bank and investment statements? Y N

Is your endowment spending in compliance with NH RSA 292-B? Y N

I certify that we have provided precise information concerning how the requested funds will be expended. We understand and acknowledge that any grant must be used in accordance with the information and materials set forth in and accompanying this application. This organization is in compliance with the registration and reporting requirements of the NH Director of Charitable Trusts, the IRS and the NH Secretary State. This grant request along with the application guidelines in Section III has been reviewed. A copy of this application should be forwarded to both co-trustees.

\_\_\_\_\_  
President/Chair (Signature)

\_\_\_\_\_  
Print or Type Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Executive Director (Signature)

\_\_\_\_\_  
Print or Type Name

\_\_\_\_\_  
Date

**You will be informed of the Trustees' decisions within 90 days of the submission deadline.**