

Claremont Savings Bank Foundation
PO Box 1600
Claremont NH 03743-1600
Grant Application Form

Today's Date: _____

Name of Organization: _____ Year Founded: _____

Address: _____ Town: _____

State: _____ ZIP: _____

Telephone: _____ Fax: _____ Email: _____

CEO/Exec. Director: _____

Contact: _____ Telephone: _____

Application Amount: _____ Project Amount: _____

Brief Description of proposed project (include other funding resources):

List of current services provided by the applicant organization:

Geographical Area
Served _____

Number of Clients served: _____ Full Time Equiv. Employees _____

Required Documents: Proof of 501(C)3 tax exempt status
 Most recent annual report and financial statements
 Current year budgeted income and expense.