OPL CHARITIES GRANT APPLICATION

1000 Market Street, Building One, Suite 300, Portsmouth, NH 03801

This form should be returned with your cover letter and supporting documentation to the attention of Lisa Allis

In order to be considered for a funding grant an organization must not have a cost of salaries, wages and benefits of higher than 25% of the organization's annual expenses. All applicants will be carefully screened before being considered.

	Date of Application:			
(1) Name of Organization:				
Address:				
Telephone:		Fax:		
(2) Contact Person for information pertaining to this request	l itle:			
(3) Summarize description of orga	nization's objectives a	and needs. (Please be	concise - do not exceed space provide	(b
(4) Financial Information:				
Fiscal Year:	to			
Organization's total operation	ng budget:		<u></u>	
Sources of support:				
(5) Does the organization have annu	al outside audits?	Yes	No	
(If No, please explain)				
Is a copy available upon request	? Yes No	_		
(If No, please explain)				
(6) Legal and Tax Status				

(7) Describe details of grant usage:	
request and certifying that the organization does	officer of the Board, indicating the Board's approval of this not discriminate on the basis of race, color, age, sex or national ion's commitment to file appropriate reports detailing the grant's
Print Name (Chief Staff Person)	Print Name (Volunteer Officer of the Board)
Signature	Signature
Title	Title
	NCE OF THIS APPLICATION DOES NOT, IN ANY WAY, OPL CHARITIES **
> Please be sure your letter contains all of the inf appropriate signatures.	ormation outlined in the basic instructions and
> Attach a copy of the IRS letter indicating your to	ax-exempt status.
> Attach a list of your current Board of Directors.	
> Attach a copy of your budgets (both program a	nd organization)
> Attach a copy of your most recent financial state	ement and Form 990.

> Attach a copy of your organization's charter.