



**PAST FUNDS RECEIVED**  Yes  No

If yes, most recent date: \_\_\_\_\_

Amount: \$ \_\_\_\_\_

# Town of Barrington

SPENCER TRUST

## Funding Request Application

Applications accepted on a rolling basis.

**Funding will be awarded in JANUARY** (application deadline December 31st of previous year)  
and **JULY** (application deadline June 1st).

*Spencer Trust funds must be used for Barrington residents only.  
Please feel free to attach additional information if needed.*

### **APPLICANT INFORMATION**

Date of Application: \_\_\_\_\_ Funds Requested: \$ \_\_\_\_\_

Full Legal Organization Name: \_\_\_\_\_

Year Established: \_\_\_\_\_ 501(c)(3):  Yes  No EIN: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Website: \_\_\_\_\_

Executive Director Name: \_\_\_\_\_ Fiscal Year: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Additional Point of Contact Name: \_\_\_\_\_ Title: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Organizational Mission Statement:

Brief Organization Description:

**(SEE REVERSE FOR ADDITIONAL ITEMS)**

Geographic Area and Population Served:

Percentage of individuals served who are Barrington residents: \_\_\_\_\_

Yearly Budget: \_\_\_\_\_ Percentage of funding directed toward Barrington: \_\_\_\_\_

Statement of Need:

Goals and Objectives:

**PLEASE NOTE: If funding request is approved, an Annual Report is expected to be provided (June applicant report is due June 1st of the following year and December applicant report is due December 31st of the following year).**

*I, the undersigned, certify that the information provided on this funding request form is, to the best of my knowledge, a true, accurate and complete disclosure of the requested information. I understand that filling out this funding request form DOES NOT guarantee funding under this program.*

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Applicant Name (Please Print): \_\_\_\_\_

**OFFICE USE ONLY**

Date Received: \_\_\_\_\_ By: \_\_\_\_\_

Funding Approved:  Yes  No Amount Received: \$ \_\_\_\_\_

(Yes) - Purpose or (No) - Reasoning: \_\_\_\_\_

\_\_\_\_\_

Funding Request Date: \_\_\_\_\_ Annual Report Received:  Yes  No

Disbursement Date: \_\_\_\_\_ Date: \_\_\_\_\_