NHSSCOT					
NHSCOT FUND: Grant Application					
Contact Name:	Phone:				
Organization:					
Registered 501c3: Yes: N	No: (If Yes, provide an IRS Tax-Exemption Letter)				
Mailing Address:					
City/Town:	State:Zip Code:				
Email:	Website:				
Event or Other Description:					
Requested Grant Amount up to \$2 Have you already applied for fund	2,500: \$				
Requested Grant Amount up to \$2 Have you already applied for fund If yes, please attach your purpose List other grant sources to which y	2,500: \$				
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Requested Grant Amount up to \$2 Have you already applied for fund If yes, please attach your purpose List other grant sources to which y For Events:	2,500: \$ Is for this Event in this calendar year from the NHSCOT FUND? Yes Nc for this request. you have applied:				
Requested Grant Amount up to \$2 Have you already applied for fund If yes, please attach your purpose List other grant sources to which y For Events: Location:	2,500: \$ Is for this Event in this calendar year from the NHSCOT FUND?				
Requested Grant Amount up to \$2 Have you already applied for fund If yes, please attach your purpose List other grant sources to which y For Events: Location:	2,500: \$ Is for this Event in this calendar year from the NHSCOT FUND?				

NHSCOT FUND: Grant Application Form for Event Page 2 of 2

Along with a completed grant application you MUST to provide the following:

Detailed Proposal, One-Page Summary, IRS Tax-Exemption Letter (if applicable), Board of Trustees List, Current Operating Budget and Detailed Event Budget. Additional information may be required on a case by case basis.

Once you have completed the application and attached all required or optional documentation, submit your complete application. Your complete application and all required documents MUST be received prior to the deadline in order for your application to be placed on the docket for review.

Please submit any additional material you feel would be helpful to NHSCOT FUND Committee in reviewing your application for a grant from the NHSCOT FUND.

Please check:

□ If for any reason the event addressed in this request for a grant from the NHSCOT FUND does not occur, I will immediately inform the NHSCOT FUND Committee and return any award I have received.

Signature:_____ Date:_____

Print Name:

You may submit your proposal at any time, however, requests will be reviewed according to the schedule indicated below:

Postmarked by	Reviewed in			
February 1st	February			
May 1 st	Мау			
August 1st	August			
November 1 st	November			
Mail completed application to: OR		Chair, NHSCOT FUND Committee 25 Triangle Park Drive, Suite 4 Concord, NH 03301		
OR				
Email completed application and supplemental material to:			info@nhscot.org with NHSCOT FUND in subject line.	

Please direct any questions to: info@nhscot.org with **NHSCOT FUND** listed in the subject line.

Updated 11/12/2019