

THE STAFFORD FAMILY CHARITABLE TRUST APPLICATION FOR CONTRIBUTIONS

ORGANIZATIONAL INFORMATION

Legal Name of Organization _____	
Address _____	
City _____	State _____ Zip _____
Website _____	Is Your Organization A 501 (C)(3) <input type="checkbox"/> No <input type="checkbox"/> Yes
President/Executive Director _____	Year Established _____
Email Address _____	Tax Id Number _____
Phone _____ Fax _____	Total Organizational Budget \$ _____
Contact Person (if different) _____	Fiscal Year End _____
Email Address _____	Geographical Area Served _____
Phone _____ Fax _____	Type of Organizational Entity _____

MISSION STATEMENT, SERVICE & OBJECTIVES

PROPOSAL INFORMATION

Program Project Name _____

Total Program Budget \$ _____ Amount Requested \$ _____

Description of what the request will purchase:

Description of the anticipated benefit in relation to your organization's purpose to the citizens of central Missouri:

Explanation of why regular revenues will not cover the anticipated project or service cost:

I hereby verify that the information provided is accurate and honest to the best of my knowledge. I am the organization's secretary or other appropriate officer and the application has been approved by the governing board or other body.

Authorizing Signature _____ Date _____

IMPORTANT INFORMATION

ATTACHMENTS REQUIRED

- A detailed list of component prices of project or service.
- A copy of the Internal Revenue Service Tax Exemption letter for the organization.
- Audited financial statements, including source of revenue in detail and a copy of the latest tax return. If audited statements are not available, an acceptable substitute is required.

ADDITIONAL INFORMATION

- In the case of an application for an emergency contribution, state the nature of the emergency.
- The Selection Committee reserves the right to request any additional information it deems necessary.

CONTACT INFORMATION

Application and questions should be directed to:

**THE STAFFORD FAMILY CHARITABLE TRUST
C/O SIMMONS BANK**

P.O. Box 1867
Columbia, MO 65205

573-441-2876

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