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|  | **Town of Enfield**  Human Services Department  74 Lockehaven Road, P.O. Box 373  Enfield, New Hampshire 03748 |

**ORGANIZATION ELIGIBILITY AND APPLICATION FORM**

**A completed & signed form is required of any Regional Association**

**requesting funding from the Town.**

Organization’s Legal Name:

Street Address:

Mailing Address:

Website URL:

**Primary Contact**

Name:

Phone:

Email:

**Organization’s Officers**

Executive Director: Phone:

Board President: Phone:

**ORGANIZATION AND APPLICATION INFORMATION**

[Attach additional pages as needed to answer these questions]

**Year of incorporation:**

**Mission statement:**

**Describe your organization’s services and who is eligible to receive them.**

*Indicate and restrictions regarding age, income, residence, etc.*

**How many Enfield residents does your organization serve each year?**

**How many other towns in the Upper Valley does your organization serve each year?**

*Please indicate the proportion of services provided to Enfield compared to other communities by your organization in the region.*

**Amount of funds requested:**

*If applicable, indicate amount of funds received in the previous year and document how they were used (including, for example, a copy of the narrative from last year’s Town Report.*

**ORGANIZATION ELIGIBILITY CRITERIA**

Does your organization…

Have 501(c)(3) tax-exempt status?

Have a volunteer Board of Directors with at least five non-employee members?

Are less than 14% of the Board members employees (or otherwise paid)?

How many meetings of the governing body are held each year?

**GUARANTEE OF FINANCIAL INTEGRITY**

The Town of Enfield strives to ensure that taxpayer dollars are spent in a responsible manner. We therefore require that organizations receiving town funds meet a standard of integrity and that individuals representing those organizations have no history of previous financial misdealing.

I hereby certify on behalf of the organization noted below that no staff or board member with access to agency funds has a previous felony conviction for a financial crime. \*

**Name of Organization**:

**Board President’s Name**:

**Board President’s Signature: Date:**

\*These include any crimes of dishonesty (including fraud), breach of trust, or money laundering (see U.S.C. 1829.) Please note that under this section of the federal law, pre-trial diversion and similar programs are convictions