



**BUSINESS REFERENCES**

- Please give three business references who are familiar with your organization (References may not be employees or members of the organization requesting funding)
1. Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_  
Street or P.O. Box City State Zip Code
  2. Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_  
Street or P.O. Box City State Zip Code
  3. Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_  
Street or P.O. Box City State Zip Code

**OTHER INFORMATION**

- The Trust Board may need to table an application until the next monthly meeting because of time constraints or insufficient information on an application. Can your application be tabled?  Yes  No
- Can you proceed with partial funding of this request?  Yes  No
- Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The information contained in this statement is for the purpose of obtaining funding from Three Rivers' Helping Hands Community Foundation on behalf of the undersigned. The undersigned agrees that the information provided herein is used to determine grant funding, and each undersigned represents and warrants that the information provided is true and complete and that Three Rivers' Helping Hands Community Foundation may consider this statement as continuing to be true and correct until a written notice of a change is provided. Three Rivers' Helping Hands Community Foundation is authorized to make all inquiries they deem necessary to verify the accuracy of the statement made herein.

\_\_\_\_\_  
Name of Organization/Agency

\_\_\_\_\_  
Representative Name & Title (please print)

\_\_\_\_\_  
Signature of Representative

\_\_\_\_\_  
Date

Mail completed application and related documents to: **Three Rivers' Helping Hands Community Foundation**  
**P.O. Box 918**  
**Linn, MO 65051**

*Incomplete applications will automatically be denied assistance.*