## Three Rivers' Helping Hands Community Foundation

Change for Life

1324 E Main, PO Box 918. Linn, MO 65051 573-644-9000 or 1-800-892-2251

For Office Use Only

Fax 573-644-9086

## Application for Organization/Agency

Incomplete applications will automatically be denied assistance.

Please type or print clearly with dark ink. It is extremely important that you fill out both pages of this application completely. The application deadline is the last day of each month.

	•	Amount of Request:						
	•	Date of Application:						
REQUEST	•	Please attach a statement to:  1) tell how the funds will be used, and 2) explain the circumstances that have prompted this request.						
2	•	Please attach a copy of financial statement(s) for previous year.						
	•	Please attach appropriate bids/estimates/bills directly relating to your request.						
	•	Name of Organization/Agency:						
ION	•	Address:  Street or P.O. Box City State Zip Code County						
[MAT]	•	Contact Person:  Name Title						
INFOR	•	Home Phone: Work Phone:						
ON	•	Is this organization tax exempt under IRS section 501(c)(3)?						
\TI		If yes, a copy of determination letter from Internal Revenue Service must be attached.						
VIZ!	•	Number of people served (by county) in each of the following counties last year:						
ORGANIZATION INFORMATION		Cole Miller Franklin Moniteau Gasconade Osage Maries						
	•	Does organization serve outside these seven counties?						
	•	If yes, provide information on number served and location:						

List other sources of funding for this request:

How is your organization's program measured for effectiveness? (Be specific.)

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1.	Name:			Phone	e:	***************************************
	Address:	Street or P.O. Box	0.4		Citata	7:- 0-1-
						Zip Code
2.	Name:			Phone	e:	
	Address:	Street or P.O. Box				
					State	Zip Code
3.	Name:			Phone	e:	
	Address:	Street or P.O. Box				
		Street or P.O. Box	Cit	у	State	Zip Code
•		oceed with partial funding				
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Linn, MO 65051