



FRIENDS OF ROCKINGHAM COUNTY AGING ADULTS

APPLICATION FOR FUNDING

SUBMIT COMPLETED APPLICATION TO: INFO@FRCAAINC.ORG; SUBJECT LINE "FUNDING REQUEST"

Or Mail to FRCAA, PO Box 445, Windham, NH 03087

Friends of Rockingham County Aging Adults (FRCAA) is a nonprofit organization that raises and helps provide funds to support other nonprofit businesses that aide the elderly and disabled in New Hampshire's **Rockingham County**. These funds allow their clients to attain or maintain independence in their home and community. Organizations requesting funds must meet the criteria of our mission.

NAME OF ORGANIZATION: _____

FEDERAL TAX ID NUMBER: _____

ADDRESS: _____

MAILING ADDRESS, IF DIFFERENT: _____

PHONE: _____ EMAIL: _____

WEBSITE URL: _____

CONTACT PERSON NAME & TITLE: _____

HAVE YOU RECEIVED FUNDING FROM FRCAA IN THE PAST?: _____ **IF YES:**

AMOUNT RECEIVED: _____ DATE RECEIVED: _____

MONEY WAS USED FOR: _____

IF NO, PROVIDE A BRIEF DESCRIPTION OF YOUR ORGANIZATION, ITS MISSION AND FUNDING SOURCES:

DO YOUR CLIENTS:

RESIDE IN ROCKINGHAM COUNTY?: _____ ARE THEY DISABLED AND/OR ELDERLY?: _____

PROVIDE A THOROUGH, COMPLETE SUMMARY OF WHY YOU ARE REQUESTING FUNDS (NOTE: IF REQUESTING A SPONSORSHIP TO AN EVENT, PLEASE ATTACHED A DOCUMENT WITH SPONSORSHIP OPTIONS AND ANY ADDITIONAL ADD-ON BENEFITS, IF APPLICABLE. EXAMPLE OF AN ADD-ON: EXTRA TICKETS TO AN EVENT).

AMOUNT REQUESTING: \$ _____ DUE DATE: _____

NOTE: THE MAXIMUM FUNDING ALLOWED PER REQUEST IS \$5,000

AUTHORIZED SIGNATURE: _____ DATE: _____

THANK YOU FOR YOUR REQUEST FOR FUNDING. IF YOU HAVE ANY QUESTIONS, PLEASE CONTACT **CONNIE YOUNG AT (603) 461-2029**. INITIAL PROCESSING PERIOD IS A MINIMUM OF 30 DAY. PLEASE ALLOW ADEQUATE TIME FOR PROCESSING.

TO BE COMPLETED BY FRCAA:

Application Approved: YES: _____ NO: _____

If NO, why: _____

Amount(s) Approved: _____

Applicant Advised Date: _____ By: _____

Check Mailed: _____ Check #: _____ Check Mailed: _____ Check #: _____