

DAVID MEADE MASSIE TRUST

42 E. 5th St.
Chillicothe, OH 45601
davidmeademassie@gmail.com

GRANT APPLICATION

TO: THE DAVID MEADE MASSIE TRUST FUND

NAME OF ORGANIZATION _____

ADDRESS: _____

Phone: _____

Form of Organization _____

Date formed _____ Place _____

Purpose for which formed: _____

Is the organization exempt under Section 501(C)(3) Internal Revenue Code? _____

If so, date of exemption _____

GRANT REQUESTED FOR THE YEAR: _____

_____ hereby applies for a grant of \$ _____
payable to _____ or _____ from The David
Meade Massie Trust Fund to be used exclusively for the purpose of helping to provide for the health,
happiness and welfare of the citizens of Chillicothe and Ross County, Ohio, in the following specific
manner:

Period of time for accomplishment of purpose _____

How many citizens of Chillicothe and Ross County will be directly benefitted by the award of this grant?

Applicant certifies that any grant received will be used for the above purposes only and that said applicant agrees that if grant is approved, to provide all documentation necessary to substantiate expenditures for the purpose of the grant.

CURRENT OFFICERS

NAMES

POSITION HELD

ADDRESSES

Name of officer who will verify use of grant _____
(Trustees will require, as a condition to any grant, periodic verification, under oath, with vouchers attached, of the expenditure of funds proposed or actually spent for the specific purposes herein set forth).

DATE _____

By: _____
PRINT NAME

SIGNATURE

ADDRESS

PHONE NUMBER

INCOME STATEMENT

NAME OF ORGANIZATION _____
ADDRESS _____
For the year _____

INCOME (Please list all income received during said period)

- 1.
- 2.
- 3.
- 4.
- 5.

Total income for said period ----- \$ _____

EXPENSES (Please list all expenses paid during said period):

- 1.
- 2.
- 3.
- 4.
- 5.

Total expenses for said period ----- \$ _____

NET INCOME FOR CALENDAR YEAR 20____ ----- \$ _____

CERTIFICATION

I hereby certify that the above information is accurate and true to the best of my knowledge and represents all of the income and expenses by said organization during said period of this report.

DATED: _____

(Signature/Title)

BALANCE SHEET

ASSETS:

Cash (Checking account) # _____ \$ _____
Cash (Savings account) # _____ \$ _____
Cash (Certificates of Deposit) (Name of institution) _____ \$ _____
Other assets: (list them) _____

TOTAL ASSETS HELD BY ORGANIZATION (DATE : _____)
\$ _____

LIABILITIES:

(list any debts you have):

TOTAL LIABILITIES \$ _____

EQUITY:

Fund Balance (this will be the difference between your
Assets and any liabilities) \$ _____

TOTAL LIBILITIES AND EQUITY \$ _____
(This will equal total assets)

CERTIFICATION

This is to certify that the above information is accurate and true to the best of my knowledge and that this represents all of the assets and liabilities held by said organization as of the date of this financial report.

Date: _____
Signature/Title _____