

**BIG E WEST SPRINGFIELD TRUST
APPLICATION FOR FUNDING
Applications must be received in the Mayors' Office by Monday, May 7, 2018
Questions: Please contact Joan George at 263-3041**

Name of Applicant/Organization:

Address:

Telephone:

Amount of Funds Requested:

Project Description

Please describe how the use of such funds will be consistent with the common goals of the Eastern States Exposition and the Town of West Springfield and further how the grant of such funds will ease the burden of government in West Springfield. Attach additional sheets if necessary.

Project Timing

Please describe in detail how the funds are to be disbursed and when such payments are expected to be released. Describe the documentation, which will be submitted in order to facilitate the proper payment of funds.

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Big E West Springfield Trust
Application of Funding

Please identify the number of beneficiaries from the use of such funds.

Please list the agencies and other sources where funds for such activities have been solicited.

Please describe the full budget for such project and describe what percentage of the total project costs will be requested from this trust.

Please describe in detail the purpose of the applicant organization and how it provides benefits to the residents of the Town of West Springfield.

Signed:

Date: