Landmark Bank
801 East Broadway
Columbia, MO 65205

The Stafford Family Charitable Trust

Organizational Information

Legal Name of Organization		
Address	*City, State, Zip Code*	
Website		
President/Executive Director		
Email Address	*Phone*	*Fax*
Contact Person (if different)		
Email Address	*Phone*	*Fax*
Is your organization a 501 (c)(3)? Yes ☐ No ☐	*Year Established*	*Tax ID Number*
Total Organizational Budget $	*Fiscal Year End*	
Geographical Area Served		
Type of Organizational Entity		

Organizational Mission Statement Service and Objectives

Proposal Information

Program Project Name	
Total Program Budget $	*Amount Requested* $

Description of the projected services involved in this request:

Description of the anticipated benefit to the citizens of central Missouri:

Explanation of why regular revenues will not cover the anticipated project or service cost, and why the Stafford Family Charitable Trust should make a contribution:

I hereby verify that the information provided is accurate and honest to the best of my knowledge. I am the organization's secretary or other appropriate officer and the application has been approved by the governing board or other body.

Authorizing Signature _____ *Date* _____

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Attachments Required

1. *A detailed list of component prices of project or service*
2. *A copy of the Internal Revenue Service Tax Exemption letter for the organization.*
3. *Audited financial statements including source of revenue in detail and a copy of the latest tax return. If audited statements are not available, an acceptable substitute is required.*

Additional Information

- *In the case of an application for an emergency contribution, the nature of the emergency shall be stated.*
- *The Selection Committee reserves the right to request any additional information it deems necessary.*

Contact Information

Application and questions should be directed to:

The Stafford Family Charitable Trust
c/o Landmark Bank
P.O. Box 1867
Columbia, MO 65205

(573) 441-2887