

YANCEY P. WINANS TESTAMENTARY TRUST

Community Grant Application

Baker Boyer National Bank, Trustee
PO Box 1796 Walla Walla, WA 99362
509-525-2000

****APPLICATION DUE DATE IS MARCH 1ST****

****PLEASE REVIEW APPLICATION GUIDELINES BEFORE SUBMITTING APPLICATION****

Name of Applicant: _____

Contact Name: _____

Phone #: _____

Address: _____

Amount of Grant Request: \$ _____ Program Name _____

Brief Purpose of Grant: _____

Project Statistics:

Bids Received: \$ _____

Or Specific Costs: \$ _____

Total Cost of Project: \$ _____

Project to be funded by:

Cash on Hand \$ _____

Savings for Project \$ _____

Donations \$ _____

Pledges from:

_____ \$ _____

_____ \$ _____

Total Project Resources \$ _____

Grant Requested \$ _____

Balance needed for completion \$ _____

Employer Identification Number _____

Registered to _____

Date _____

Grants will not be awarded without an Employer Identification Number (EIN)

Checks will be made payable to entity on IRS Determination Letter