**TOWN OF ORFORD**

**LENORE NILES FUND APPLICATION**

**The Niles Fund provides financial support to improve community facilities and assist organizations and individuals of Orford to fund opportunities that are otherwise unattainable. Maximum request is $500. Completed applications are to be submitted to Niles Fund Committee, Town of Orford, 2529 NH Route 25A, Orford NH 03777. Thank you.**

**Date \_\_\_\_\_\_\_\_\_\_\_**

**Name of Applicant \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone/Email\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Name of Organization/Program\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**Purpose for Request\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**Amount Requested\_\_\_\_\_\_\_\_ Payable to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Total Program Cost\_\_\_\_\_\_\_\_\_\_\_**

**How will this Program benefit or enrich the town of Orford?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
  
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**Other financial resources explored to support the program costs\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**­­­­­­­­­­­­­­­­­­­­­­­­­­­­Please include any available reading material, pamphlets, etc. to assist the Niles Committee with its consideration of your application.**

*Revised 2014*