MISSION
The mission of the Merrimack County Savings Bank Foundation is to provide financial support to not-for-profit organizations that enrich and improve the quality of life of the residents living in the bank’s service areas. It was the donor bank’s intent to see that regardless of economic ups and downs, funding to these organizations be made available. While the bank’s service area at inception was Merrimack County, as the bank grows it will serve more communities, and, therefore, the Foundation’s geographic reach may continue to expand as the bank enters new markets.

BACKGROUND
In May of 1997, Merrimack County Savings Bank established the Foundation with an initial investment of $1,000,000. Five Trustees, selected from among the Bank’s Corporators and Board of Trustees, were chosen to administer the Foundation and its activities. The Trustees anticipate distributing 5% of the Foundation’s endowment, each year, in the form of grants to not-for-profit organizations. A copy of the most recent IRS Form 990 can be found at www.guidestar.org.

CRITERIA & GUIDELINES
Given the many and diverse needs of the Foundation’s communities, it would be inappropriate to define applicant criteria too tightly. However, guidelines are necessary in order to minimize requests which are clearly not consistent with the Foundation’s intentions or capabilities.

• The Foundation’s geographic focus will be those communities that the bank services. The service area will be defined as the Bank’s Assessment Areas.

• Requests from statewide organizations may be considered, but the decision process will center around the use of a grant to fund programs to benefit the communities within the Foundation’s geographic focus.

• Grant requests are encouraged from not-for-profit, civic, arts, environmental, social service, health and affordable housing organizations that have 501(c)(3) status.

• The Foundation does not fund requests from individuals, municipalities, private schools, political, labor, religious, fraternal, veterans organizations, nor organizations whose main function is lobbying.

• The Foundation will not consider multi-year pledge requests or requests for endowments.

• In its deliberations, the Board will consider the severity of need, the level of funding available from other sources and the likelihood that the donation will bring about the desired outcomes.

• While amounts vary, typically grant awards do not exceed $5,000.

• If awarded a grant, the organization will be required to affirm its intentions for the grant money, as well as notify the Foundation in writing upon usage of the funds.

• All applications for grants must be in writing.
APPLICATION PROCESS

In order to assure fairness, consistency and as much objectivity as possible in the grant allocation process, all grant requests will be accepted on a common basis. Five (5) copies of the entire application package are required. A grant request will not normally be considered by the Board unless it includes, at a minimum:

- The Grant Request Application Form.
- A one to three page description of the applying organization and the program(s) to be funded by the grant.
- An explanation of the governance structure of the organization, including the organization’s executive staff and Board of Trustees.
- The amount requested. Organizations are required to submit a project/program budget. Other funding sources (if any) should be noted, as well as an explanation of how the funds will be used should the full grant request not be granted.
- A copy of the organization’s 501(c)(3) determination letter and a statement that your organization currently qualifies as such, and that you are in compliance with reporting requirements of the Charitable Trust Division of the NH Attorney General’s Office.
- The name of a contact person for questions and response.

Applications must be complete in order to be considered. Complete applications should be submitted to:

Merrimack County Savings Bank Foundation
Attn: C. Scheiner
P. O. Box 2826
Concord, NH 03302-2826

APPLICATION TIMING

There will be one scheduled funding period each year. Applications for this period will be accepted during the month of September. October 1st will be the last date of acceptance for that year’s grant consideration. Application requests and information will be received, on behalf of the Foundation, by the Foundation’s Secretary or his/her designee. The Foundation’s Secretary will review applications for completeness of materials and appropriateness of requests for the Foundation’s purpose. Organizations should expect a response to their application six to eight weeks after the submission deadline.

Merrimack County Savings Bank’s Assessment Areas

<table>
<thead>
<tr>
<th>Allenstown</th>
<th>Danbury</th>
<th>Hopkinton</th>
<th>Pembroke</th>
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<tbody>
<tr>
<td>Andover</td>
<td>Dunbarton</td>
<td>Hudson</td>
<td>Pittsfield</td>
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<tr>
<td>Boscawen</td>
<td>Epsom</td>
<td>Loudon</td>
<td>Salisbury</td>
</tr>
<tr>
<td>Bow</td>
<td>Franklin</td>
<td>Merrimack</td>
<td>Sutton</td>
</tr>
<tr>
<td>Bradford</td>
<td>Henniker</td>
<td>Nashua</td>
<td>Warner</td>
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<tr>
<td>Canterbury</td>
<td>Hill</td>
<td>New London</td>
<td>Weare</td>
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<tr>
<td>Chichester</td>
<td>Hollis</td>
<td>Newbury</td>
<td>Webster</td>
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<tr>
<td>Concord</td>
<td>Hooksett</td>
<td>Northfield</td>
<td>Wilmot</td>
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APPLICATION FORM

Name of organization: ________________________________________________________________

Address: _______________________________________________________________________

City: __________________________________ State: __________________ Zip: _______________

Telephone: ______________________________________________________________________

Primary Email: ____________________________________________ Website (if applicable): __________

Fax No.: _______________________________________________________________________

CEO/Executive Director: _____________________________________________________________

Contact Person: __________________________________________________________________

Organization’s Charitable Purpose as set forth in your articles of organization:

________________________________________________________________________________

________________________________________________________________________________

________________________________________________________________________________

Purpose of Grant: __________________________________________________________________

________________________________________________________________________________

________________________________________________________________________________

Amount Requested: $ __________________________

Date of 501(c)(3) Designation: _______________________________________________________

Organization is a ____ Public ____ Private Charity (please check one)

Please include FIVE copies in your application package of the following information:

1. This Grant Request Application Form.

2. A one to three page description of the applying organization and the program(s) to be funded by the grant.

3. An explanation of the governance structure of the organization, including the organization’s executive staff and Board of Trustees.

4. The amount requested. Organizations are required to submit a program/project budget, including other funding sources (if any) and how the funds will be used should the full grant request not be granted.

5. A copy of the organization’s 501(c)(3) determination letter, along with a statement that your organization currently qualifies as such, and that you are in compliance with reporting requirements of the Charitable Trust Division of the NH Attorney General’s Office.

6. The name of a contact person for questions and response.