

THE MILDRED SHEFFIELD WELLS CHARITABLE TRUST
TRUST DISTRIBUTION COMMITTEE
P.O. DRAWER 20067
GREENVILLE, NORTH CAROLINA 27858

JAMES G. SULLIVAN, CHAIR
THE REVEREND ROBERT HUDAK
DANNY MCNALLY

BANK OF AMERICA, TRUSTEE

APPLICATION

Established for the benefit of its citizens, organizations, and projects in Pitt County, North Carolina, The Mildred Sheffield Wells Trust was created for tax-exempt and charitable non-profit purposes in order to assist educational, charitable or benevolent institutions, whether supported wholly or in part by private donations or by public taxation; to provide for the care of the sick, aged, helpless, and needy men, women, and children; to provide facilities for public recreation; to aid and assist churches, religious institutions and spiritual causes; to aid and assist worthy and needy students through the means of granting scholarship(s), tuition grants, etc., and to provide for such other worthy purposes as the DISTRIBUTION COMMITTEE deems to be in keeping with the best interest of Pitt County, North Carolina, and its citizens. In addition, The Mildred Sheffield Wells Trust was established to provide assistance to any individual or institution, "wherever located, engaged in cancer and arthritic research is done and performed under such conditions and cost effectiveness that the DISTRIBUTION COMMITTEE, in its sole and absolute discretion, is reasonably certain and satisfied regarding the manner in which the funds so distributed for cancer and arthritic research are being used."

I Applicant Information

Name of organization or agency: _____
Address: _____

Contact Person: _____
Telephone: _____

II Fiscal Information

Period for which funds are requested: _____ to _____
Funding base: _____

Amount requested from The Wells Trust _____
Amount of funds to be contributed by your organization _____
Total cost of project/program _____
Amount requested from other organizations _____

(Please name each such organization and if amounts have been granted and/or pending)

How will your organization fund the project if The Wells Trust grant is not provided?

III Proposal

A two hundred word synopsis of the project/program to be funded is requested. A full description of the project may be attached to the end of the application.

IV Project Effectiveness

Give three ways that your project will change and enrich the lives of the citizens of Pitt County. However, grant requests in the field of cancer and arthritic research conducted outside Pitt County may disregard this requirement.

V Historical Data

Give a description of your organization/agency and its past accomplishments. Also, include an estimated duration of the project and a method and criteria to evaluate the success of the project, if funded.

VI Budget

- A Submit a one-page line item budget of the project which includes both anticipated income and expenditures.
- B Submit a current fiscal year budget for your organization.
- C Are your funds audited?
- D If your funds are audited, submit a copy and/or verification of the audit report.

VII Board of Directors

Provide a list of the members of the petitioning organization's governing board and a brief explanation of how members are selected

_____	_____
_____	_____
_____	_____

VIII Tax-Exempt Status

Provide a copy of the petitioning organization's federal tax-exempt certification under Section 501(c)(3) of the Internal Revenue Code, including a determination as to your status as a publicly supported organization. Government units and religious organizations need not submit these documents.

IX Signatures:

- Authorized Applicant
- Project Supervisor
- Address
- Phone
- Date of Signing

(If your organization has an executive director or a managing agent, please provide his/her name, address and telephone number)

SEND OR DELIVER FOUR (4) APPLICATIONS TO:

James G. Sullivan, Chairman
 Wells Distribution Committee
 P. O. Drawer 20067
 1100 Conference Drive
 Greenville, NC 27858