FRED W. WELLS TRUST
HEALTH GRANT APPLICATION COVER SHEET

Fred W. Wells (1881-1946) lived in Shelburne Falls and Greenfield, Massachusetts. Mr. Wells was a successful businessman and real estate, industry and farming were among his primary interests throughout his life. Upon his passing, Mr. Wells generosity wished to promote these interests further and established a fund to award grants in support of health among other areas.

Successful awardees will demonstrate that their application qualifies under the terms of that portion of Mr. Fred Wells Will which stated the awards were to be used for "the care of the sick or aged by providing home, nurse, medicine or hospital care" and "For helping to provide medical or nurses care in rural districts where no such facilities are to be had."

The application along with two complete copies of all requested material must be postmarked on or before **March 20, 2027**. Decisions on Grants will be made in May and notification will be made to successful applicants.

Only complete applications that are received timely shall be considered. In order for an application to be deemed complete, **please submit this cover sheet** along with the following:

1.) The current budget, income and expenses from your most recent fiscal year.
2.) A copy of your IRS non profit determination letter.
3.) Any other additional information that assist in the consideration of your request.

Completed applications to be sent to:

Greenfield Savings Bank
Attention: Prudence D. Blond
400 Main Street
P.O. Box 1537
Greenfield, MA 01302

FRED W. WELLS TRUST
HEALTH GRANT APPLICATION

Name of Organization: _____

Address: _____

Telephone: _____ **Email:** _____ **Is the**

Organization a Qualified Non Profit: _____

Geographic Area of Population Served:

Does the Organization Serve Clients outside of the Geographic Area of Franklin County and if so, what areas and in what percentage relative to overall services: _____

Brief Description of the Organization and Its Activities: _____

_____

_____

_____

_____

Description of How the Grant Money would be Awarded: _____

_____

_____

_____

Additional Documents To Be Submitted Checklist:

- ☐ **The current budget, income and expenses from your most recent fiscal year.**
- ☐ **A copy of your IRS non profit determination letter.**
- ☐ **Any Additional Materials or Circumstances to be considered.**

_____ _____

DATED Signed By:
Title: