



Grant Questionnaire

PURPOSE

This questionnaire relates to a School Water Improvement Grant (SWIG) from the Massachusetts Clean Water Trust (the “Trust”). It is intended to provide the Trust with information necessary to fund the Grant.

Please enter a response for each question. If a question requests information that is unavailable, please include an explanation of why the information is unavailable.

GENERAL INFORMATION

- A. Applicant (School District, etc.): _____
- B. Employer Identification Number: _____
- C. Wire Transfer Instructions for Grant Disbursements:
 - a. Bank: _____
 - b. Account No.: _____
 - c. ABA No.: _____

CONTACT INFORMATION

- A. School District Chief Financial Officer or Equivalent
 - Name: _____
 - Title: _____
 - Address: _____

E-mail Address: _____

Telephone: _____

B. School District Superintendent or Administrative Equivalent

Name: _____

Address:

E-mail Address: _____

Telephone: _____

C. School District Application Point-of-Contact

Name: _____

Title: _____

Address:

E-mail Address: _____

Telephone: _____

OTHER INFORMATION

If you have any other relevant information to provide, please include it below.

By signing below, I certify that, to the best of my knowledge and belief, all information set forth in this Grant Questionnaire is correct and complete as of the date below.

Signature: _____.

Date: ___/___/___

By:

Authorized Officer

Name:

Title: