

# Town of Brandon Trust of Public Funds

## Shirley Farr Funding Request Form

This application is used for the purpose of making funding requests from the  
Trustees of Public Funds.

Please return all completed forms or submit any questions by email to Faith Daya  
[faithdaya55@gmail.com](mailto:faithdaya55@gmail.com)

### Applicant Information

Applicant Name		Date
Organization	Address	
Email Address	Phone	

***Town of Brandon—Shirley Farr Fund: “In her last will and testament, duly proved and allowed by the Probate Court for the District of Rutland, the late Shirley Farr made the following bequest to the Town of Brandon, viz: “Article Twelfth: (f): Two-twentieths (2/20ths) thereof to the said Town of Brandon, Vermont, to be used by it primarily for proper sewage disposal, drainage of swamps and other sanitary improvements and any amounts not needed and expended for such purposes shall be used for spraying trees or in the general improvement of the village in ways not sufficiently provided for by taxation.” —Hanford G. Davis, 9 February 1960.***

The 2020 Trustees of Public Funds have updated and interpreted these wishes as they translate to today's standards and have outlined the following criteria upon which all award decisions will be made. All funding requests for the Town of Brandon will be awarded for projects and improvements as they relate to:

- ☐ **Sanitary Improvements**
- ☐ **Wetland and water management**
- ☐ **Improvement of the village in ways not sufficiently provided by taxation**

Have you or someone within your organization requested funding from the Trustees of Public Funds before?

☐ NO ☐ YES If yes, please describe:


Has your organization reached out to other funding sources or conducted fundraising for this project?

☐ NO ☐ YES If yes, please describe:


**Total Funding Request:**

Based on the criteria outlined above, please describe how this request meets the funding parameters:


Please describe the intended use of the funds, including accounting details, formal estimates to substantiate the request: (include copies of documents)


**Town of Brandon Trust of Public Funds  
For TOPF Use Only**

Date Submitted:
Date Reviewed:

Approved:

☐ NO

☐ YES      Amount Approved \_\_\_\_\_

Check Payable to:\_\_\_\_\_

Check #:\_\_\_\_\_ Date:\_\_\_\_\_

Attach all relevant documents for project

TOPF	Approved	Denied
Faith Daya		
Devon Fuller		
Tracey Wyman		