

Fremont Community Foundation



APPLICATION FOR FUNDING

Name of Organization _____

Address _____

Contact name _____ Phone _____

Purpose of organization _____

Year founded _____ Annual operating budget _____

Non profit status? (Yes or no) _____

*** Attach copy of 501(c)-3 (articles of incorporation & certificate of good standing)**

Amount of funding requested _____

If approved, what will money be used for? (We do not fund salaries or administrative costs)

List other funding groups and/or sources _____

Name of president or executive officer _____

List board members or executive committee _____

Signature _____ Date _____

Please return to Fremont Community Foundation
901 Main Street, Cañon City, CO 81212