

Funding Request Application



IMPORTANT: This box must be filled out for your application to be considered.

Total program Budget:

Amount Requested from the CRA:

Percent of program budget::

ORGANIZATION REQUESTING FUNDING

Organization _____ Date _____

Mailing Address _____

(If approved, check will
be sent to this address)

City _____ State _____ Zip Code _____

Phone (_____) - _____ Contact Person _____

Upon approval to whom should the check be made out _____

D Check to indicate if this is the first time you have requested funding for this program.

1. Agency/Program description:

2. Please provide a brief description of how funds would be used:

3. How will your use of CRA dollars help meet the critical needs of your community?

4. Please explain what types of fundraising activities you have planned for this year, and what other funding sources you plan to approach to help meet this need?

5. How would you modify your program if the full amount you are requesting is not available?

6. Please describe the target population your program serves and the needs of this population.
Example: 10 boys ages 6-8 years old from low income families need scholarship to play baseball.

Print out this form. fill out and fax to CRA: (801) 988-8333. Attention Marketing

For Community Fund Use Only	Amount	Funding Approved
	\$	D Yes D No