Community Funding Request Application

Organization Information

Name _____

Address of Organization:

_____

Type: ⬭Non-profit   ⬭Public   ⬭Community Organization (informal Nonprofit)

Event/Project for which funds are requested:

_____

Event/Project Location:

_____

Event Date/Project timeline: _____

Website: _____

Name of Contact Person: _____

Telephone Number: _____

E-mail address: _____

Total Amount Requested (Limit: $5,000): _____

Event/Project Description

1. Describe the purpose of the event/project/organization for which funds are being requested.

2. How will the event/project support or produce a public benefit to El Dorado County?