

HOLY CROSS ENERGY ROUND-UP FOUNDATION
ORGANIZATION APPLICATION

Please complete all information. Incomplete applications will not be considered.

Organization Name: _____

Physical address: _____

Mailing address (if different): _____

Contact Name: _____

Contact Title: _____

Phone: _____ Email: _____

Organization mission statement: _____

Describe how the requested funding would be used:

Amount requested: \$ _____

Total program/project budget: \$ _____

Organization budget: \$ _____

Other funding sources: _____

Has your organization applied to the Round-Up Foundation before: Yes No

If yes, when did you last request support? _____ How much funding did you receive? _____

Does your organization provide services outside of Pitkin, Eagle or Garfield Counties? Yes No

Approximate number of individuals served in Garfield, Eagle or Pitkin Counties last year: _____

Does your organization report to another organization or government agency? Yes No

How do you/reporting agency measure the effectiveness of your programs? _____

How did you hear about the Round-Up Foundation? _____

If your application is approved, may we use your name/photo in Holy Cross Energy publications to promote the Round-Up program? Your answer will not affect any decisions regarding your application. Yes No

The information provided in this application is confidential and intended for the use of the Holy Cross Energy Round-Up Foundation, for the purpose of seeking funding. By signing, I confirm that all the information I have provided is true and accurate, and I understand that it will be used to make decisions about granting me any funds. If any circumstances change after I submit this application, I am obligated to promptly update the Foundation with the correct information. I authorize the Foundation's Board to validate the accuracy of the information provided in this application by making any necessary inquiries, including sharing the information with the references listed.

Signature of Applicant: _____

Date: _____