



Community Funding Application

Name of Organization: _____

Address: _____

Contact Person: _____

Email: _____

Telephone # _____

PROJECT/PROGRAM DESCRIPTION:

Title: _____

Amount Requested: _____

Organization's Mission

Funding will support: Program, Event or Infrastructure *(Please circle all that apply)*

Summary of Project/Program Objectives *(Provide a brief description)*

Population & Geographic area(s) to be served by Project/Program:

How is your organization prepared to promote the GSHFF on your social media, website, branding materials? *(Please describe)*

Signature _____