



Alpine Bank
Member FDIC

Nonprofit Community Matching Fund 2017 Application

Applications will be reviewed tri-annually (March, June, and September). You are invited to apply for this grant once annually.

Name of Organization: _____

Contact Name: _____

Contact Phone: _____ Email: _____

Mailing Address, city, State, Zip: _____

Type of Non-profit: _____ EIN#: _____

1. Briefly describe your organization and its mission.

2. If your organization is awarded a match by the Non-profit Community Fund, please define how you would utilize the underwriting spots on KSUT., i.e. outreach, event related, volunteer recruitment.

3. In what ways do you think receiving this funding will impact your organization as a whole?

4. Please indicate when you would like to use your underwriting spots

5. Matching Fund Amount Requested: \$_____ (\$500 MAX)

6. What is your organization's history with Alpine Bank?

Please return completed form to Beth Drum, Vice President Alpine Bank. 1099 Main Avenue, Durango, CO 81301. 970-426-7168. bethdrum@alpinebank.com