



## **Alpine Bank Non-profit Community Fund 2017 Application**

Name of Organization: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Contact Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Mailing Address, City, State, Zip: \_\_\_\_\_

Physical Address, City, State, Zip: \_\_\_\_\_

Type of Non-profit: \_\_\_\_\_

EIN#: \_\_\_\_\_ (Please provide a copy of the IRS designation letter)

1. Briefly describe your organization, 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 KVNF. (I.E. Outreach, event related, volunteer recruitment)

3. After reviewing Nonprofit Community Fund Webpage and/or contacting KVNF please provide the following details about your potential Underwriting purchase

- Date range your spots would air:
- The timing and frequency of UW spots:
- Use of KVNF Underwriting package, if applicable:

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

5. Matching Fund Amount Requested: \$ \_\_\_\_\_ (The fund will match a minimum of \$150.00 and a maximum of either \$300.00 annually (for short term contracts) and \$500.00 annually (for ongoing announcements), per organization.)

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

Please return completed form to Allison Nadel, Alpine Bank Regional Marketing Director.  
Alpine Bank 1400 East Main Street; Montrose, CO 81401. (970) 254-2732  
[allisonnadel@alpinebank.com](mailto:allisonnadel@alpinebank.com)

Approval may take up to 2 weeks, please plan accordingly.