



Alpine Bank

Non profit Community Fund 2018 Application

Name of Organization: _____

Contact Name: _____

Contact Phone: _____ Email: _____

Mailing Address, city, State, Zip: _____

Type of Non-profit: _____ EIN#: _____

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. 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. Are you a current customer of Alpine Bank ___ Yes ___ No.

6. What is your organizations history with Alpine Bank?

7. Matching Fund Amount Requested: \$ _____ (\$400 MAX).

Please return completed form to Beth Drum, Sr. Vice President Alpine Bank 970-426-7168.
bethdrum@alpinebank.com

2018 Application Deadlines:

March 30, 2018
July 1, 2018
October 1, 2018