



Alpine Bank

Member FDIC

2019 Non profit Community Fund 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. Matching Fund Amount Requested: \$ _____ (\$400 MAX)

6. Are you currently an Alpine Bank Customer? (not a requirement to apply)

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

2019 Application Deadlines:

March 29, 2019

July 1, 2019

October 1, 2019