

# Funding Request Application



**IMPORTANT:** This box must be filled out for your application to be considered.

Total program Budget:

Amount Requested from the CRA:

Percent of program budget::

## ORGANIZATION REQUESTING FUNDING

Organization \_\_\_\_\_ Date \_\_\_\_\_

Mailing Address \_\_\_\_\_

(If approved, check will  
be sent to this address)

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone ( \_\_\_\_\_ ) - \_\_\_\_\_ Contact Person \_\_\_\_\_

Upon approval to whom should the check be made out \_\_\_\_\_

Check to indicate if this is the first time you have requested funding for this program.

1. Agency/Program description:

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2. Please provide a brief description of how funds would be used:

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3. How will your use of CRA dollars help meet the critical needs of your community?

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4. Please explain what types of fundraising activities you have planned for this year, and what other funding sources you plan to approach to help meet this need?

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5. How would you modify your program if the full amount you are requesting is not available?

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6. Please describe the target population your program serves and the needs of this population.  
Example: 10 boys ages 6-8 years old from low income families need scholarship to play baseball.

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**Print out this form, fill out and fax to CRA: (801) 988-8338, Attention Marketing**

<b>For Community Fund Use Only</b>	Amount	Funding Approved
	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No