



Application Deadline 05/01/26



Alpine Bank Community Matching Fund Grant
Spring 2026 Application

Name of Organization: _____

Contact Name: _____

Contact Phone: _____

Email: _____

Mailing Address, City, State, Zip: _____

Type of Nonprofit: _____ EIN#: _____

****Please return completed form to Shannon Wilkes at Alpine Bank -
ShannonWilkes@alpinebank.com**

★ Briefly describe your organization and its mission:
★ If your organization is awarded a match by the Nonprofit Community Fund, please define how you would utilize the underwriting spots on KVNF. (i.e. outreach, event related, volunteer recruitment etc...):
★ In what ways do you think receiving this funding will impact your organization as a whole?
★ Please indicate when you would like to use your underwriting spots:
★ Matching Fund Amount Requested: \$ _____ (\$200 Min. \$400 Max)
★ Are you currently an Alpine Bank Customer? Y or N (Not a requirement to apply)