



Alpine Bank

Non profit Community
Fund 2020 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 KSUT. (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. Underwriting is limited to one event or cause.

5. Matching Fund Amount Requested: \$_____ (\$500 MAX)

6. What is your organizations history with Alpine Bank?

**Please return completed form to Beth Drum, Senior Vice President Alpine Bank .
1099 Main Avenue, Durango, CO 81301. 970-426-7168. bethdrum@alpinebank.com**