



Community Investment Program
Application for Funding

RECIPIENT

Name of Organization:
Contact Person:
Mailing Address:
Phone: Email:
Tax Status Tax ID #:

Please submit your most recent financial statement and/or current budget

Amount you are requesting from NNRH \$
Total amount required for your organization/event \$
Have you received funding from NNRH in the past?
If so, how much and when?

OTHER DONATIONS

Have you approached other organizations for support?
How much has been given by other sponsors? \$
List your major contributors:
Have you planned any additional fundraisers? Please list:

PURPOSE

What percentage of the money you raise goes toward administrative costs? %
Please classify your program below
Youth Arts and Culture Environment Recreation
Education Health and Welfare Civic Enhancement Underserved Populations
Other

Internal Use Only
Recommendation:
Date:
Approved by:
CIC Chairman
CIC Rep.
CIC Rep.
Amount:

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Will this contribution provide any personal benefit to a government official? Yes No

How many people will benefit **directly** from your efforts? _____

If this request is for a specific event, list the dates of the event _____

Are any NNRH employees actively involved in your organization? Yes No

If yes, please list their names and functions within your organizations _____

What is the primary focus of your organization? _____

If other local organizations provide the same or similar services, please indicate how your program is unique:

How exactly will the funds you are applying for be used? (List local projects or economic benefits. Be specific.)

How will this project address local community needs? _____

How will you measure the success of your project? _____

I certify that the information above is correct and that the contribution, if approved, would be used solely as described above.

Signature: _____

Date: _____