Rocky Mountain Supply Foundation Application

(Please complete all requested information.)

Organization: _____ *Date:* _____

Contact Individual Name: _____

Address: Street 1: _____

Street 2: _____

City: _____ *State:* _____ *Zip Code:* _____

Email Address: _____ *Website Address:* _____

Type of Organization: _____ *Is this a 501(c)(3) Organization?* *Yes* ☐ *No* ☐

Tax ID/EIN: _____ *Amount Requested from the RMS Foundation:* _____

Describe the mission of your organization:

Explain the project/purpose of the requested funds:

*Total Cost of project/fund raising goal: $*_____ *Anticipated completion date:* _____

Has Rocky Mountain Supply donated to this organization in previous years? *Yes* ☐ *No* ☐

Explain your fundraising efforts:

Will your donors be recognized? If so how?

Please attach additional information if necessary

Sign *Print* *Date*