

BARRON COMMUNITY FUND APPLICATION 2018

APPLICANT INFORMATION

Name of Organization:

Email Address:

EIN:

Contact:

Organization address:

City: Barron

State: WI

ZIP Code:

ORGANIZATIONAL INFORMATION

Is your organization a 501 (C) (3) Nonprofit? If yes, include IRS number

Are you using another eligible organization as a Fiscal Agent?
Name

Other information on Organization Status:

DEFINE ORGANIZATION

Briefly describe the organization:

Briefly describe how the funds requested will be used to enhance the Barron Community and its Citizens in the upcoming year.

VERIFICATION OF INFORMATION SUBMITTED

Note: If Organization is a 501 (C) (3) Nonprofit, include letter of verification from IRS with this application.

Print Name of Person completing application:

Date:

Signature

Return to Barron City Hall PO Box 156 or Barroncommunityfund@gmail.com

This is an annual application