



Greenbush Area Community Fund

PROPOSAL FOR FUNDING

You may reproduce this form on your computer

ORGANIZATION INFORMATION

Applicant organization _____

Address _____

City _____ State _____ Zip _____

Contact person/title _____

Telephone # _____ Fax # _____ E-mail address _____

IRS tax exempt status (check one) Public 501(c)(3) Federal I.D. number _____

Other (specify) _____

FINANCIAL INFORMATION

Total project cost \$ _____ Amount requested from NMF _____

SOURCE

REQUESTED
AMOUNT

COMMITTED OR
PENDING

DATE OF
COMMITMENT

PROJECT INFORMATION *(Project to be completed by April 2025)*

Project title _____

Project duration (list beginning and end dates) _____

Brief summary of your request _____

Geographic area to be served by project _____

EXECUTIVE DIRECTOR, BOARD CHAIR or COMMITTEE CHAIR

Signature

Date

(OVER)

PROJECT DESCRIPTION (Please limit information to this sheet. Do not submit additional materials unless requested.)

1. Please describe the opportunity, challenge, issue or need that your proposal addresses.

2. How will your project address the above situation?

3. Who will help you? (Discuss the role of any collaborative partners and financial commitments.)

