



OPERATION ROUND UP APPLICATION FOR FUNDING

Organization Information:

Organization Name:	Contact Person:
Address:	Phone Number:
City, State, Zip:	

Authorized Representative:

Last Name:	First Name:
Position:	Phone Number:
E-Mail Address:	

Type of Non-Profit:

IRS Designation (i.e. 501(c)(3), etc)	Non-Profit Focus:
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Organization Directors / Board Members:

Last Name:	First Name:	Position:
Last Name:	First Name:	Position:
Last Name:	First Name:	Position:
Last Name:	First Name:	Position:
Last Name:	First Name:	Position:

AMOUNT OF DONATION REQUESTED: \$ _____

Specific Use of Funds (use additional pages if necessary):
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The information in this statement is for the sole purpose of obtaining funding from the Navopache Charitable Fund Inc. (NCF) on behalf of the undersigned. Each undersigned understands that the information provided herein is used in deciding to grant funding, and each undersigned represents and warrants that the information provided is true and complete and that NCF may consider this statement as continuing to be true and correct until a written notice of change is provided. The NCF is authorized to make all inquiries they deem necessary to verify the accuracy of the statements made herein.

Date

Printed Name of Authorized Representative

Signature of Authorized Representative

NCF Use Only:

Date Reviewed By Donation Oversight Committee: _____

Donation Oversight Committee Recommended Funding Amount: \$ _____

Donation Oversight Committee Initials: _____

Comments:

Date Of NCF Board Approval: _____

Date: _____