



BLUE MOUNTAIN
COMMUNITY
FOUNDATION

Summary of Applicant Organization

Organization Name: _____ EIN: _____

Address: _____ Phone: _____

City: _____ State: _____ Zip: _____

E-mail: _____ Website: _____

Executive Director: _____

Contact (if other than Executive Director):

Name: _____ Title: _____

Phone: _____ Fax: _____

Project or Program Name: _____

Amount of Request: _____ Date Funds Needed By: _____

Brief Description of the community population to be served by this program/project:

Number of participants you anticipate will be served: _____

Attachments: Attach a one-page description of the program/project or idea on your organization's letterhead and a copy your organization's IRS Letter of Determination.

Signatures: (required -- grant application will not be considered without signatures)

_____ Date _____

President, Board of Directors Print Name: _____

_____ Date _____

Executive Director Print Name: _____



BLUE MOUNTAIN
COMMUNITY
FOUNDATION

8 S 2nd Ave., Ste. 618
P.O. Box 603
Walla Walla, WA 99362

Phone: (509) 529-4371
Fax: (509) 529-5284

bmcf@bluemountainfoundation.org
www.bluemountainfoundation.org