

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: _____

Purpose of Grant: Attach a one-page description of the program/project or idea on your organization's letterhead.

Amount of Request: _____ Date Funds Needed By: _____

Community population to be served by this program/project:

Number of participants you anticipate will be served: _____

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**

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