

RESOLUTION COPPER GRANT APPLICATION

2012

Date of Application: _____

Name of Applicant Organization: _____

Tax ID Number: _____

First time applicants will be required to submit proof of non-profit status

CEO/Executive Director: _____

Telephone Number: _____ Email: _____

Contact for Application: _____

Telephone Number: _____ Email: _____

Mailing Address: _____

Agency Website (if applicable): _____

Describe the services provided by your organization: _____

Project Category: Education Environment Arts and Culture Community Development

Please provide a description of this project: _____

RESOLUTION COPPER GRANT APPLICATION

2012

What short and long term benefits will the project deliver in relation to jobs, support for business, the community or the region?

Will you be seeking additional sources of funding for this project? Yes (please list) No

Will there be a partnership with other community organizations on this project? Yes (please list) No

List amount requested: _____

Live form is compatible with Acrobat Reader. If you do not have Acrobat Reader, please download, print and fill out this form and fax it to (520) 689-2219.