

**Continuing the Legacy Foundation
Community Support Fund Application**

Date _____

Agency's Legal Name: _____

Physical Address

Street: _____

City: _____ State: _____ Zip: _____

Mailing Address

Street: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

E-Mail address(s): _____

Web Address: _____

Director: _____ Phone: _____

Agency Contact: _____ Phone: _____

Fiscal Agent: _____ Phone: _____

Total amount of funding requested: \$_____

Date funds needed: _____

The above funding requested is for:

_____ A single program

_____ Overall Agency Support

_____ Fundraiser or event

Geographic area(s) most affected:

Brief history and purpose of the organization:

Brief summary of project/request:

Duration of project/request:

Other sources of donations or funding (please list):

Project/program objectives and performance measurement:

ATTACHMENTS: A completed W-9 must accompany all applications; the funding request will not be considered without a W-9 form.

Signature of Authorized Official

Printed Name

Date
