



Community Investment Application

Information marked with an asterisk (*) is required

*Contact Name: *First and last name* _____

Group Name: *If you are representing a group, please list the group name* _____

*Phone: _____

*Email: _____

*Mailing Address: _____

*City: _____

*State: _____

*ZIP Code: _____

Street Address: *If different from mailing address* _____

City: _____

State: _____

ZIP Code: _____

Website Address: _____

Have you received funding from FAFO in the past? YES NO

If yes, please tell us about that funding. _____



Community Investment Application (cont.)

Information marked with an asterisk (*) is required

*Proposal Narrative: *Please include title, goals of project, marketing of project, type and number of individuals involved in the project. Please be as specific as possible.*

*Describe the community impact of your project:

*Please list any community partners or sponsors helping with the project:

*Budget Narrative: *Please include a spreadsheet of a budget, if possible.*

Please attach marketing materials, sample works, resume/CV when you return this application to FAFO.

* I certify that all information I have submitted in this application, including all attachments and support materials, is true and correct to the best of my knowledge. I acknowledge that I will abide by all legal, financial, and reporting requirements; that I am responsible for completing any contracts or registrations associated with this grant request; and that I must complete a final report of the project within 60 days of project completion. The report should include records or receipts documenting the initial request, resulting publicity, or any other information regarding the results of the activity or project, including a breakdown of how the funds were spent.

*Signature: *By signing here, I confirm that all information is true and correct.*