S.W. Collins Co.
2023 Community Grant
Program Application

Today's Date:_____

Are You A Non-Profit?   YES   NO

Organization
Name: _____

Project Name: _____

Event Name**:** _____ Event Date**:**_____

Name of Primary Contact:_____

E-mail _____

Telephone _____

Street Address _____

City, State, Zip _____

TELL US ABOUT YOUR ORGANIZATION:

IF APPLYING FOR A PROJECT, PLEASE BRIEFLY DESCRIBE THE PROJECT, ITS LOCATION AND OBJECTIVES

IF APPLYING FOR AN EVENT, PLEASE BRIEFLY DESCRIBE THE EVENT, IT'S LOCATION AND OBJECTIVES

ORGANIZATIONS – If you are not planning a PROJECT or EVENT, please describe why you would like to be considered for this funding: