



Request for Funding Form

Date of Request: _____

Name of Organization/Tax ID: _____

Address: _____

Contact Person: _____ Phone Number: _____

Dollar Amount Requested: \$ _____ Due By: _____

Please provide a brief description of what the funding will be used for:

A brief description of the impact of non-funding?

Printed Name of Person Representing the Organization:

Signature of Person Representing the Organization:

_____ Date: _____

Funding approved by North Fork Ambulance Auxiliary Board of Directors (circle one) YES/NO

Requests for funding are reviewed at each Board Meeting, 3rd Wed of even number month

Please mail completed form to: NFAA P.O. Box 127 Hotchkiss, CO 81419