



Aurora Cooperative Member Co-op Match Program

Please Print Clearly and Fill out Completely

<u>Organization Name:</u>			
<u>Contact Name:</u>		<u>Title</u> (Executive Director, Program Lead, Teacher, etc.)	
<u>Mailing Address:</u>	<u>City:</u>	<u>State:</u>	<u>Zip:</u>
<u>Email:</u>		<u>Phone Number:</u>	

<u>Description of Organization Applying for Funds:</u>
<u>Description of how funds will be used and how it will benefit the community:</u>
<u>Estimate the number of people benefiting from this project:</u>
<u>Size of community and extended reach:</u>