



Aurora Cooperative Co-op Match Program

Please Print Clearly and Fill Out Completely

Organization Information			
<u>Organization Name</u>		<u>Federal ID Number</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 Code</u>
<u>Contact Email</u>		<u>Contact Phone Number</u>	
<u>Please describe your Organization Applying for Funds</u> (What is your organizational mission/purpose?)			

Request Information	
<u>Please describe how the funds will be used, and how it will benefit the community</u> (attach additional pages or information if needed)	
<u>Estimated Cost of Project</u>	<u>Amount Requested</u>
<u>Estimated number of People that will benefit from this project</u>	<u>Size of Community and Extended Reach</u>
<u>Signature</u>	<u>Printed Name</u>
	<u>Date</u>

Application Requirements

- Completed Form
- A copy of Tax Exemption or Non-Profit Designation
- Project Estimate details (spreadsheet detailing project cost)

Please send the above documents to:

Aurora Cooperative – C/O Member Services
 PO Box 209
 Aurora, NE 68818
 Email: memberservices@auroracoop.com