



Aurora Cooperative Grant 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