



## Application for Funds from RoundUP Program Donation

Organization Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Organization Address: \_\_\_\_\_

Name of Individual Submitting Application: \_\_\_\_\_

Are you a non-profit organization? Yes \_\_\_\_\_ No \_\_\_\_\_

Type of Request: Personal \_\_\_\_\_ Group \_\_\_\_\_ Community \_\_\_\_\_

How will the funds be used? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What are the benefits to the Stoughton Community? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What other information would you like to share? \_\_\_\_\_

\_\_\_\_\_

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_