



**HBA Cares Assistance Application Form**

**Contact Information**

Full Name: \_\_\_\_\_  
Company Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Phone Number: \_\_\_\_\_

**Organization Information**

Date organization was established: \_\_\_\_\_  
Is organization currently a 501(c)3 not for profit entity? \_\_\_\_\_  
Purpose and goals of the organization: \_\_\_\_\_  
Is your organization local? \_\_\_\_\_ Number of local full-time staff: \_\_\_\_\_  
Number of local part-time staff: \_\_\_\_\_ Number of local volunteers: \_\_\_\_\_  
Number of individuals you serve locally each year: \_\_\_\_\_

**Project Information**

Describe assistance request/project scope of work: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you secured funds for the project? \_\_\_\_\_ If so, what percentage? \_\_\_\_\_  
Do you use a third-party fundraiser? \_\_\_\_\_  
If yes, please provide third-party name and phone number: \_\_\_\_\_

Describe the potential impact to the organization if you do NOT receive the requested assistance: \_\_\_\_\_

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Please provide any additional information that will help us understand you and your organization better, and that will help us make a more informed decision regarding your request: \_\_\_\_\_

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Questions? Contact Lisa Weidenbach at 719-592-1800 ext. 127  
or via email at [lisa@cshba.com](mailto:lisa@cshba.com).