



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

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:

Questions? Contact Lisa Weidenbach at 719-592-1800
or via email at lisa@cshba.com