

**THE HUACHUCANS
APPLICATION FOR FUNDING**

Thank you for giving us the opportunity to learn about your agency. Please complete this application and provide us with the attachments requested. To expedite the process, select only one of the following categories for which you are requesting funding.

Date: _____ Requesting Agency: _____

Explanation of what you will use the funding for: _____

Amount requested: _____ Make check payable to: _____

Applicant's information:

Name: _____ Title: _____

Phone: _____ E-mail: _____

City: _____ State: _____ Zip code: _____

Number of people served by your organization: _____

Name other sources for funding that your group receives: _____

Attach or include any other information you believe is pertinent for The Huachucans to consider:

Signature of applicant

Date

Submit to:

The Huachucans
Funding Request
P.O. Box 2331
Sierra Vista, AZ 85635