

Please complete the requested information, using only this form, and return by the last Friday in October.

Please submit this application online by emailing to foxfamilyfoundation@foxfamilyfoundation.net, faxing to 719-263-4277, or mailing to the Fox Family Foundation, PO Box 68, Fowler, CO 81039.

Contact information					
Complete name of organiz	ation:				
Address:	City:		State:	Zip code:	
Website/social media:					
Contact person:		Phone number	:		
Position/title:		Email address:			
Organization informat	ion				
Brief description and miss	ion of organizatio	on:			
Grant request					
Amount requested: \$	(grants ty	pically range fron	n \$500-\$1,000	0)	
Please describe how these	funds will be used	d:			
Please describe specific cos	sts and other fund	ding sources assoc	iated with th	ne request:	
Executive director or equiv	alent (please prii	nt)	Titl	e	

Date

Signature of executive director or equivalent