



ASPEN ELKS #224 Grant Application

Name of Group		Date	
Name of Contact/Presenter		Position	
Phone #		Cell #	
Tax ID #		Years in existence	
Fiscal Year Start			
Email & Website			
Mailing Address			

Purpose of your Group			
Amount Requesting		Total Funds Needed for Project	Operating Budget for the Organization
What will the Aspen Elks #224 funds be used for?			
# of People Served by this project			

Have you received Aspen Elks #224 funds previously?	Yes		No	
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If yes, indicate date, and the amount of the previous 5 years.	
Dates	Amounts

Are there other groups in the valley providing similar services?
Other Sources of funding? Amounts?

Is the current Board of Directors Attached?	Yes		No	
Is the required Donation Report Form from your last grant attached?	Yes		No	

**All new applicants attach copy of 501 [3] Ruling.
 All school related projects please attach administrator's acknowledgement and approval.
 You may attach additional information if relevant.**

Return Application to
e-mail: susan.arenella@cityofaspen.com Contact: Susan Arenella (Youth activities Chair for the Aspen Elks #224) @ 970-948-5046



Donation Report Form

PLEASE READ ALL FINAL INSTRUCTIONS CAREFULLY BEFORE YOU
SUBMIT THIS REQUEST.

Organization (include name, phone, email, & website)

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Amount Received

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Use of Funds

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Explanation/ Evaluation of Success of Project

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Signature of Approval: _____ Date: _____
Must be signed by an Elks Officer

Questions: e-mail: susan.arenella@cityofaspen.com