 ***Application for***

***Community Funding***

 **alliancefw.org**

 **APPLICATIONS ACCEPTED TILL ............September 1st**

 **DECISIONS ANNOUNCED ..Within 1 month of submission**

AVAILABLE TO FORT WAYNE COMMUNITY BASED ORGANIZATIONS FOR HEALTH RELATED SUPPORT

Organization Name:

Date of Application .............................. Amount Requested ...............................

Deadline for inclusion(MM/DD/YY) .........N/A.................... **Donation** or Sponsorship? (circle one)

Are you a non-profit entity? (**Y**/N) Years in Existence? ............................

Tax Identification Number (TIN) ...........................................................

Brief Description of Organization & Web Site Url if applicable:

How will funds be used?

**CONTACT INFORMATION**

Name: Job Title: Organization Address:

Phone Number & Email Address

Completed application should be sent to:

FWMS Alliance

ATTN: Treasurer, FWMSA OFFICE (260) 420-2011 FAX (260) 420-3714

709 Clay Street, Suite 101, Email: medalsfw@gmail.com

Fort Wayne, IN 46802