



Please mail your form to **Colonial Charitable Foundation,**
P.O. Box 60931, Ft. Myers, FL 33906.

Organization Application Form

Our Non-Profit Organization is dedicated to support and fund initiatives that will strengthen our community.
Please fill out the form below and our committee will evaluate your request.

Date: _____

Name of Organization or Group: _____

Contact Person/Title: _____

Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Phone Number: _____ **Email:** _____

Website: _____

Mailing Address if different from above: _____

City: _____ **State:** _____ **Zip Code:** _____

Indicate Sponsorship Category:

Local Charity

Community Organization

Educational Center

Other: _____

Amount Requested: _____

Does your request have a deadline? Yes No If Yes, deadline date: _____

Please attach a written narrative including the following information:

- **Project description and goals**
- **Justification of need**
- **Population benefiting from project**
- **Beginning and ending date of project**

I certify under oath or affirmation that the information provided herein is true, complete and accurate to the best of my knowledge and belief. If this grant is awarded, the proceeds thereof will be used solely for the purposes described in this application. No portion of the proceeds will be used to benefit any organization or individual supporting terrorism or for any other unlawful purpose, and that verification and/or documentation of the aforesaid will be provided promptly upon request.

Signature of Applicant: _____ **Date:** _____