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

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## 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:** \_\_\_\_\_