

 **MENTAL HEALTH AMERICA OF PUEBLO**

 **Request for Event Funding**

Date of Request:

Name of Organization:

What is the mission of the Organization?

Address:

Phone: Email Address:

Contact Person and Title:

FEIN Number: Is the Organization a 501(C)(3)? [ ]  Yes [ ]  No

Amount Requested:

Describe the planned use of the requested funds:

When do you need the requested funds?

What other source(s) of funding will be used to fund this project?

How many participants do you expect will benefit in this event?

How will participants be involved?

Signature and Title of Person Making this Request Date

A budget for the proposed event may be requested. If funded, within thirty days after the event, please send a brief final report detailing how the funds were used to:

 Mental Health America of Pueblo

 P.O. Box 1423

 Pueblo, CO 81003