

## BEIM FOUNDATION APPLICATION FORM

### **ORGANIZATION INFORMATION:**

**ORGANIZATION NAME:**

**FED TAX ID#:**

**Name of Executive Director:**

**Organization Address:**

**City, State, Zip:**

**Telephone & Fax:**

**E-mail & Website:**

**Contact Person for this request (name & title):**

**ORGANIZATION'S MISSION/PURPOSE (1-2 sentences):**

**Organization's Annual Operating Budget:**

**Does the organization currently carry any debt? If yes, please provide a brief explanation and attach to this application form.**

### **REQUEST INFORMATION:**

**PROJECT/PROGRAM NAME & DESCRIPTION (3 sentences):**

**Dollar Amount Requested:**

**Project/Program Budget:**

#### **Beim Foundation Program Area:**

Arts Programs	<input type="checkbox"/>	Arts Capacity Building	<input type="checkbox"/>
Education	<input type="checkbox"/>	Environment	<input type="checkbox"/>
Human Services	<input type="checkbox"/>		

#### **Area Served by this Project/Program (*funding limited to these geographic locations*)**

Boulder County, CO

Cumberland County, ME

Park & Gallatin Counties, MT

State of Minnesota

City of Seattle, WA

#### **Population Served By this Project/ Program:**

Children 0-11      All       At Risk

Youth 12-21      All       At Risk

Adults       New Immigrants

Elderly       Individuals with a mental or physical disability

General Population

**Has the project/program been operating for three years or less?   YES                      NO**

**Month & Year Program Began:**