Franklin County Builders Association COMMUNITY GOOD COMMITTEE Application Form

Please fill out form, where applicable.

Name of Organization/Person	
Address	
Contact number(s)	
Non-Profit Status	
List of Contact (If different from above)	Phone
(ii different from above)	Phone
	Phone
Explanation on what the requesting organiza donation affect?	ation does? In other words, the purpose and how many people will the
Amount of Money Requested	
Purpose of Requested Funds	
Total amount of need for Project	
Explanation on additional fund raising activi	ities to support the project or need
How will Franklin County Builders Associatio	on be recognized for providing assistance? (If applicable)

*The information submitted will be reviewed by the Community Good Committee.

You will be notified of the Committee's decision.

