



DOUGLAS COUNTY NONPROFIT AGENCY REQUEST FORM

CONTACT INFORMATION	
Agency Name	Point of Contact Name, Relationship to Organization
Address	E-mail
Phone	Fax
FUNDING REQUEST INFORMATION	
Amount Requested	Current Annual Budget
STATEMENTS – PLEASE EXPLAIN <i>(attach additional pages, if necessary)</i>	
The community need for services:	
The achievable, outcome-based goals and an outline to meet those goals:	
AGENCY INFORMATION	
Number of Clients Served Annually	Number of Douglas County Residents Served Annually
MUST ATTACH PREVIOUS YEAR'S FINANCIAL STATEMENTS AND IRS FORM 990	

I am submitting this request on behalf of the agency listed above.

SIGNATURE

DATE

TITLE

PRINT NAME