Erion Foundation

P.O. Box 732
Loveland, CO 80539
Ph. 970-667-4549

GRANT APPLICATION

Date: _____/_____/_____

Organization Name: .....
Contact Name: ..... Title: .....
Street Address: .....
Mailing Address: .....
City: ..... State: ..... Zip: .....
Telephone: (.....) ..... Fax: (.....) .....
Email Address: ..... Web Site URL: .....

Amount Requested:

$ _____

Type: ☐ Program ☐ Operating ☐ Capital

Area: ☐ Basic Needs ☐ Education ☐ Culture & Community ☐ Health & Welfare

Geographic Service Area	Number of People (Clients) Served in Past 12 Months
Loveland	
Larimer County (excluding Loveland)	

Is your request for our geographic area? ☐ Yes ☐ No

How would these funds be used (briefly describe in the space allotted)? .....
.....
.....
.....
.....
.....

Please include:
☐ A copy of your organization's 501(c)(3) designation letter
☐ Page one of your organization's most recent IRS Form 990

Person filling out this form:
Name: ..... Title: .....

Please do not send extra materials – If we have questions we will call.