Estes Park Nonprofit Resource Center

Fiscal Agency Partnership Application

Name of Organization:

Mailing Address:

Officers: *Please attach names, mailing addresses, phone numbers and email information to the back of this page.*

Proposed attorney's name and address:

Target date for submission of your 501(c)3 application:

Anticipated Source of Funding for first 6 months:

Anticipated Expenses for first 6 months:

Mission Statement and Goals:

Presentation to EPNRC _____

Approval: **In favor** _____ **Opposed** _____

Letter Sent _____ **to** _____
Date *Name*

Referred to EPNRC Treasurer _____
Date

C.P. 2/2010