



## REQUEST FOR FUNDING APPLICATION

### REQUIREMENTS FOR CONSIDERATION

- Organization must hold a tax-exempt status under Section 501(c) (3) of the U.S. Internal Revenue Service Code or have charitable equivalency status under the laws and provisions of their respective government.
- Twin Lakes seeks to support organizations that serve older adults in Alamance County.
- Request for funding must be submitted by the posted deadline to be considered. Requests received after the deadline date will be considered during the following cycle.

#### 1. Contact Information

Agency Name \_\_\_\_\_

Contact Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

Phone Number \_\_\_\_\_ Website \_\_\_\_\_

Federal Tax ID # \_\_\_\_\_

Brief description of Agency mission and purpose

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#### 2. Funding Request

Amount Requested \_\_\_\_\_

Project Summary and Description:

Describe how our donation will be spent and how it directly relates to the service of older adults. In addition to the goals and objectives, include about the results and impact of this funding.

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If this effort is a collaboration with other entities, please share the names, roles and responsibilities of each partner.

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**3. Please share any additional information you would like us to consider**

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**4. Please attach any support documents or other information to be considered.**

**Email the completed form to Laura McDaniel, [lmcdaniel@twinlakescomm.org](mailto:lmcdaniel@twinlakescomm.org)**