



APPLICATION TO
RECEIVE BENEFIT FUNDS

Contact Name: _____

Email Address: _____

Telephone: _____ Alternate Number: _____

Organization Name: _____

Organization Website: _____

Tax Exempt Status (choose one):

- | | |
|--|--|
| <input type="checkbox"/> Registered Nonprofit with Tax-Exempt Status | <input type="checkbox"/> Faith-based Organization with Tax-Exempt Status |
| <input type="checkbox"/> Registered Political Organization | <input type="checkbox"/> Working to obtain Tax-Exempt Status |
| <input type="checkbox"/> Educational Group with Tax-Exempt Status | <input type="checkbox"/> Not a Tax-Exempt Organization |
| <input type="checkbox"/> Private Individual with a Bonafide Need | <input type="checkbox"/> Fundraising Consultant |

What best describes your mission (choose one):

- | | |
|---|--|
| <input type="checkbox"/> Agricultural, Food or Nutrition | <input type="checkbox"/> Animal Services |
| <input type="checkbox"/> Arts, Culture, Humanities | <input type="checkbox"/> Civil Rights, Social Action, Advocacy |
| <input type="checkbox"/> Community Development | <input type="checkbox"/> Education, Research Institution |
| <input type="checkbox"/> Environmental | <input type="checkbox"/> Human Services |
| <input type="checkbox"/> Medical, Healthcare | <input type="checkbox"/> Public Safety, Disaster Relief |
| <input type="checkbox"/> Recreation | <input type="checkbox"/> Youth Development |
| <input type="checkbox"/> Personal or Familial Catastrophic Matter | <input type="checkbox"/> Other _____ |

What will funds be used for? : _____

Western Colorado Car Shows is an automotive based organization that desires to assist entities that would not otherwise have the abilities to obtain funding from other sources. Tax ID information must be provided with application

NOTICE: If your group/organization has received funding from Western Colorado Car Shows within the past five (5) years, you will need to reapply at a later date and are not eligible to receive benefits from this event.