



## Town of Collbran

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Collbran, CO 81624

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## Town of Collbran Discretionary Fund Application Request

Application Deadline is 4:00 p.m., October 4<sup>th</sup>, 2024

Date: \_\_\_\_\_

Organization Name: \_\_\_\_\_

Tax ID# : \_\_\_\_\_

Is the organization a non-profit? \_\_\_\_\_

Organization (project) Chairperson:

\_\_\_\_\_

Telephone: \_\_\_\_\_

Email: \_\_\_\_\_

Fax (if applicable): \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Amount of Request: \_\_\_\_\_

How does your organization (project) benefit the Collbran Community?

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How long has your organization (project) been in existence? \_\_\_\_\_

Other Funding Sources: \_\_\_\_\_

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What percent of your total organization budget does this request represent? \_\_\_\_\_

Plans for funding use: \_\_\_\_\_

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How will this funding affect your organization (project)? \_\_\_\_\_

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**If you received funds in the prior year, provide a summary update (no more than one page)  
on how the funds were used.**

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_