



Rendezvous Foundation

Date of submittal:

Name and address of organization:

Operating as an independent 501(c)(3)?

Yes

No

Number of operating years: _____

Please provide a description of your request:

Estimated number of Grand County citizens impacted by these funds: _____

If capital in nature, number of bids and those bids from local providers: _____

Please attach your current operating budget and prior year's financial results.