

ALLEGRA FootPRINT Fund Application

Application must be complete to be eligible for the FootPRINT Fund award.

Return materials to: ALLEGRA

Attention: FootPRINT Fund

576 West Taylor Road, Romeoville, IL 60446

Organization _____

Address _____

City _____ County _____ State _____ Zip _____

Primary contact _____

Telephone _____ Fax _____

E-mail _____

Years organization has been in existence _____

Primary purpose of organization _____

Please attach a copy of your most recent brochure or other descriptive information, as well as documentation of nonprofit 501(c)(3) status.

Value of print services requested (\$1,000 maximum) _____

How would these printing services benefit your organization/association?
(Use additional sheet if needed.)

_____ Create a new print communications piece. Briefly describe purpose (i.e. enhance image, describe particular program, etc.) _____

_____ Support existing, but underfunded project. Briefly describe: _____

What amount of your annual budget is used for printing?

\$ _____ and _____ %

What are your organization's major funding sources?

Source	%	Source	%
_____	_____	_____	_____
_____	_____	_____	_____

Certification: I certify that the information contained in this application is true and correct to the best of my knowledge, and that I have the authority to request funds for the organization named above.