



Richard P. Montgomery
Community Giving Fund

Application for Funds

Date: _____

Organization Name: _____

Contact Person: _____ Phone: _____

Mailing address: _____

City _____ State: _____ Zip: _____

Describe Organization: Length of Existence, Number of Members/Volunteers

Is your organization a 501(c) 3 Federal Tax Exempt organization? Yes: _____ No: _____

If so, what is your Federal Tax ID Number: _____

Please describe the intended use of the funds:

Signature: _____

The Richard P. Montgomery Community Giving Fund is funded by HCBA Members and dispersed to qualified applicants on a quarterly basis. Submitted applications will be reviewed at the quarterly HCBA Executive Board meetings.