

This application is to be completed by an officer of the participating community foundation.

*** Metropolitan Area:**

*** Community Foundation Applicant:**

First Name:

Last Name:

Title:

Organization:

Street Address:

City:

State:

Zip:

Phone:

Email:

Employer Identification Number (EIN):

*** Is your organization a 501(c)(3) organization that is not classified as a private foundation?**

Yes

No

*** Our community is interested in participating in the Talent Dividend Prize Challenge Grants program:**

Yes, we will provide the matching \$10,000 directly

Yes, we will raise the matching \$10,000 through new funds

No, we are not interested in participating

Thank you for applying for the Talent Dividend Prize Challenge Grants.

You will receive a formal email confirmation of your application within 10 business days of submission or by June 20.

If you have any questions, please contact Bridget Marquis at bmarquis@ceosforcities.org.