

Application for Funding

The HOPEwalk

Cedar Rapids Community Suicide Awareness Walk



Our mission is to raise awareness, support suicide prevention initiatives and provide resources for those in need, in and around the Cedar Rapids area.

We will fund initiatives that coincide with our mission.

1. Organization Description:

a. Name of organization/applicant:

b. Address of organization/applicant:

c. Best contact information – phone/email:

d. Description of organization/applicant:

2. Statement of Need

a. Please explain what the funds will be used for (include an itemized list for disbursements of funds if applicable):

b. Please explain what you hope to accomplish with the funding along with how the progress will be measured:

c. Amount requesting: _____

d. Deadline for funding: _____

3. Other information – please use this area to disclose any other pertinent information related to your project: