



MATCHING FUNDS REQUEST FORM FOR NON-PROFIT GROUPS*

Title of Organization: _____

Purpose of Organization: _____

Date of Request: _____

Reservation Date and Length of Time at TOP: _____

Number of People Using TOP: _____

Purpose for using TOP: _____

How does your organization receive funding?: _____

What is the approximate budget of your organization?: _____

Explain why you are applying for matching funds: _____

All non-profit organizations that receive matching funds agree to complete a short, post-facility use form that helps us understand how TOP helped support your program's goals and objectives.

*Our non-profit matching funds were made available in part from a generous grant from the Telluride Foundation.

Please send this form to: TOP, Box 535, Ridgway, CO 81432 or contact us at 970-626-9788