GRANT APPLICATION



Grant Overview: Grants are awarded quarterly to community projects for tangible items. Application deadlines are December 31, March 31, June 30, and September 30. Once the quarter closes, the Aureon grant committee will review all applications/letters of support and determine the projects that will be awarded funds. Both the applicant and the local broadband provider/telco will be notified of the application status after the committee meeting. The review process is generally completed by the end of the month following the quarter's close. Only communities served by Aureon participating telecommunications companies are eligible to submit applications.

SECTION 1 – APPLICANT IN	NFORM	ATION				
Date:						
Organization Name (as it sho	uld app	ear on check):			
Contact Name:			_ Phone: _		Email:	
Mailing Address:			City:		Zip:	
Federal ID Number:			_ Not-for-F	Not-for-Profit Structure (public, 501c3, etc.):		
Sponsoring Broadband / Tele	commu	nication Com	npany (Aureon S	shareholder) tha	at provides serv	ice to your community:
SECTION 2 – GRANT REQU						
Grant Request						
Sponsoring Telco Match*	\$		Please describe other funding contributions (if any) that will be provided in the space below. (Ex. fundraisers, public or private contributions, etc.)			
Other Contributions*						
TOTAL PROJECT COST *Not Required	\$					
Have you previously received	d Aureor	n Charity Gra	nt funding?	YES	NO	
If yes, was it for this project?		YES	NO			
Is recipient served by sponso	ring bro	adband com	pany / telco?	YES	NO	
If no plans to serve?	YFS	NO				

SECTION 3 – PROJECT DESCRIPTION

Partient Process Bassian Hori	
In one to three sentences, please provide a project over funds. If available, attach a copy of the item(s) to be pure	view. Include the tangible item(s) that will be purchased with grant chased or a quote sheet of project costs.
Explain what unmet need within the community will be a detail, including any additional financial information.)	ddressed by the project. (Feel free to elaborate on the project in
SECTION 4. ACCUIDANCES AND SIGNATURES	
SECTION 4 – ASSURANCES AND SIGNATURES As a recipient of Aureon Charity Grant funds, and a duly organization:	authorized representative of this organization, I certify that this
 Will use funds to supplement and extend existing resources and not to substitute or reimburse ongoing programs and services. Is not-for-profit. Conducts an annual audit. If private, not-for-profit, has a voluntary board. Will expend monies only on eligible costs and keep complete documentation (copies of 	 cancelled checks, invoices, receipts, etc.) on all expenditures. Practices non-discrimination: if an agency has a religious affiliation, it will not refuse service to an applicant based on religion, nor engage in religious proselytizing in any programs receiving Aureon Charity Grant funds.
NAME:(Printed Authorized Rep. Name)	SIGNATURE:(Signed Authorized Rep. Name)
ORGANIZATION NAME (as it should appear on check):	

How to Submit Application and Letters of Support: Submit this application, along with two letters of support, through the online application portal or email it directly to Giving@Aureon.com. One letter must come from the sponsoring broadband / telecommunication company that provides service to your community. The other must come from a local business or community leader. Thank you!

SIGNATURE DATE: _____