MINOT AREA COMMUNITY FOUNDATION

20 YEARS

center for community giving

Grant Application Cover Sheet

Date of Application: _____

Contact Information

_____

Legal Name of the Organization according to the IRS 501(c)(3)

_____

President/Executive Director *Telephone* *Email Address*

_____

Organization Address

_____

City *State* *Zip Code* *Website*

_____

Name/Title of Contact Person regarding this Application *Telephone* *Email Address*

This organization is: ○ 501(c)(3) nonprofit ○ Public Agency/unit of government ○ Religious institution

_____

If the organization above is a fiscal sponsor, name of organization receiving funding

_____

Address

_____

City *State* *Zip Code* *Telephone* *Website*

Summary of Proposed Project (*brief description*)

Financial Information

Total Project Cost $_____

Amount Requested $_____

Duration of proposed grant period (start/end dates) $_____

Annual Operating Budget $_____

Previous year's annual operating budget $_____

Projected next year's operating budget $_____

Board Endorsement

_____ _____

Printed Name of Board Chair *Signature of Board Chair*