



MINOT AREA
COMMUNITY
FOUNDATION
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