## NORTHWEST MINNESOTA FOUNDATION PROPOSAL FOR FUNDING FROM COMMUNITY & COMPONENT FUNDS

You may reproduce this form on your computer

## ORGANIZATION INFORMATION Applicant organization \_\_\_\_\_ Address \_\_\_ \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_ City \_\_\_\_ Contact person/title \_\_\_\_ Fax #\_\_\_\_\_ E-mail address\_\_\_\_\_ IRS tax exempt status (check one) \_\_\_\_\_Public \_\_\_\_\_501(c)(3) Federal I.D. number\_\_\_\_\_ \_\_\_\_Other (specify) \_\_\_\_\_ FINANCIAL INFORMATION Amount requested \$ Total project cost \$ Grant Request from: Hewitt Family Charitable Fund Other funding sources to which you are applying for this project: COMMITTED OR REQUESTED **DATE OF** AMOUNT **SOURCE** PENDING **COMMITMENT** PROJECT INFORMATION Project duration (list beginning and end dates) Brief summary of your request\_\_\_\_\_ Geographic area to be served by project \_\_\_\_\_ EXECUTIVE DIRECTOR, BOARD CHAIR or COMMITTEE CHAIR

Signature

Date		
		(OVER)
PR	ROJECT DESCRIPTION	(Please limit information to this sheet. Do not submit additional materials unless requested.)
1.	Please describe the opportunit	ty, challenge, issue or need that your proposal addresses.
2.	How will your project address	s the above situation?
3.	Who will help you? (Discuss	the role of any collaborative partners and financial commitments.)
SU	BMIT APPLICATION TO:	Peggy Crandall, Grant Services Associate Northwest Minnesota Foundation 201 3 <sup>rd</sup> Street NW

Bemidji, MN 56601 Phone: 800-659-7859

Or E-mail: peggyc@nwmf.org

The NMF is committed to fairness, objectivity and non-discrimination in its funding policies Revised  $6/\!3/\!08$