

MINNESOTA MASONRY EDUCATION FUND
A COMPONENT OF MINNESOTA COMMUNITY FOUNDATION

GRANT APPLICATION FORM

CONTACT AND PROFILE INFORMATION:

Applicant Organization: _____

Address: _____

Telephone: (____) _____

Name and Title of Executive Officer: _____

Amount Requested: _____

Funds are being requested for:

____ project/program support ____ scholarship ____ other
____ start-up costs

<p>If funds are requested for a specific project or program, please indicate below:</p> <p>Project/Program Title: _____</p> <p>Project/Program Manager: _____</p> <p>Proposed Starting Date: _____ Ending Date (if applicable) _____</p>
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BRIEFLY SUMMARIZE YOUR MISSION STATEMENT AND THE OBJECTIVE OF YOUR ORGANIZATION.

PLEASE LIST NAMES OF MEMBERS OF THE GOVERNING BOARD.

SPECIFIC USE OF FUNDS REQUESTED:

**LIST THE TOTAL COST OF PROJECT AND OTHER SOURCES OF REVENUE
(if applicable):**

PRIMARY GEOGRAPHIC IMPACT OF YOUR PROGRAM:

SUBMISSIONS REQUIREMENTS:

All applications must include the documentation listed below:

___ 1. A copy of the applicant organization's most recent letter or exemption from the Internal Revenue Service demonstrating that it is an organization exempt from federal income tax under Section 501(c)(3) of the Internal Revenue Code, and stating whether or not it is a private foundation.

___ 2. Current financial and annual report.

CERTIFICATION

In submitting this application, the applicant agrees that it will spend funds solely for the purposes stated in the application and will refund the unexpended portion of such funds, if any. In addition, the applicant will provide final reports as required by the Foundation.

Authorized Signature

Date

Title

Send to:

Donna Dalton
Donor Relations Officer
Minnesota Community Foundation
55 Fifth Street East, Suite 600
Saint Paul, MN 55101-1797
Phone: (651) 224-5463
Fax: (651) 224-9502