

(Applicant should not fill this section out, for office use only)

Grant Request No. _____

Grant Award No. _____

Date Received _____

Date Awarded _____

Amount of Request \$ _____

Check sent on _____

Amount Awarded \$ _____

Report received _____

GREATER MENOMONIE AREA COMMUNITY FOUNDATION

PO Box 53

Menomonie, WI 54751

GRANT APPLICATION COVER SHEET

Descriptive Title of Request:

Amount Requested:

Name and Address of Organization requesting grant:

Evidence of non-profit status:

Contact person, Name, Address, Phone #, Title:

Date Submitted:

Date Project is to begin:

Expected date of completion:

Name, title, address, and phone # of authorized chair of group submitting request:

(Signature of authorized chair) Date signed _____ 20____

A copy of your most current annual budget, a list of board or committee members, and brief narrative about the project is required.

(Revised 1/01)