



# Grant Application

PLEASE complete this application for our review. You may submit other materials, which you feel will help us understand your organization and request. Type or print the application and **sign the last page**.  
Competitive grant round is March 1st through May 31st.

Please print single sided and submit to:  
Martin County Area Foundation, P.O. Box 1055, Fairmont MN 56031

**IMPORTANT: IF REQUESTED DOCUMENTS ARE NOT ATTACHED,  
YOUR APPLICATION WILL BE VOIDED.**

ORGANIZATION INFORMATION			
Name			
Address	City	State	Zip
Contact Person	Title		
Phone	Email		
EIN/501(c)(3) number (If your organization is not a 501(c)(3), you <b>MUST</b> complete the Fiscal Agent section of this application)			

FISCAL AGENT INFORMATION - <b>REQUIRED</b> IF NOT A 501(C)(3)			
Fiscal Agent Organization Name			
Address	City	State	Zip
Contact Person	Title		
Phone	Email		
Fiscal Agent EIN/501(c)(3) number			
Signature of Fiscal Agent Consent			Date



# Grant Application

## PROJECT DESCRIPTION

Name of Project

Purpose of Project

Who will be served (age groups, gender, minority communities)?

Project Start Date

Project Estimated Completion

## GRANT REQUEST

What is the total fundraising goal for this project?

What is your grant request of MCAF?

When will the MCAF funds be needed?

How much have you raised in cash/pledges to date?

If expenditures are more than income, how will the project be financed to completion?



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## PREVIOUS MCAF GRANT APPLICATIONS

Has your organization applied for a MCAF grant before?  YES  NO

When?	Describe the project
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Amount Requested	Amount Received	Projected Completed
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When?	Describe the project
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Amount Requested	Amount Received	Projected Completed
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## REQUIRED INFORMATION TO INCLUDE

Attach a list of names, occupations, and affiliations of your board of directors.  INCLUDED

One copy of the project budget in relation to this grant.  INCLUDED

Signature and Title	Date
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