Grant Application

Martin County Area Foundation

PLEASE complete this application for our review. You may submit any 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 must complete the Fiscal Agent section of this application)			

Fiscal Agent Information - 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**	

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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?

Previous MCAF Grant Applications

Has your organization applied for a MCAF grant before?   ___YES   __NO

When?	Describe the project	

Amount Requested	Amount Received	Project Completed

When?	Describe the project	

Amount Requested	Amount Received	Project Completed

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REQUIRED INFORMATION TO INCLUDE
Attach a list of names, occupations, and affiliations of your board of directors.
One copy of the project budget in relation to this grant request

Signature and Title	Date