



MINOT AREA COMMUNITY FOUNDATION

DATE OF PROPOSAL: _____

SPONSORING MEMBER: _____

Summary of Proposed Project - to be filled out by sponsoring Give360 member

Contact Information - to be filled out by applying organization

Legal name of the organization according to the IRS 501(c)(3)

President/Executive Director Telephone Email Address

Organization Address

City State Zip Code Website

Name/title of contact person regarding this application Telephone Email Address

This organization is: 501(c)(3) nonprofit Public Agency/unit of government Religious Institution

If the organization above is a fiscal sponsor, name of the organization receiving funding

Address

City State Zip Code Telephone Website

Financial Information

Total Project Cost \$ _____

Amount Requested \$ _____

Duration of proposed grant period (start/end dates) _____

Other contributors to the project _____

Board Endorsement

Printed name & Signature of Give360 Sponsoring Member

Printed name & Signature of Organization