

(Component Fund name here)
PROGRAM GRANT APPLICATION

APPLICANT INFORMATION

Name: Browns Valley School District 801

Address: 118 Church Street N., PO Box N

City: Browns Valley

State: MN

ZIP code: 56219

Telephone: 320-695-2103

Contact person:

Title:

Telephone:

Email:

TYPE OF ORGANIZATION

Type of business: ☐ 501(c)(3) ☒ Unit of Government ☐ Other (specify)

501(C)(3) NON PROFIT OR GOVERNMENTAL FISCAL AGENT (IF DIFFERENT FROM ABOVE)

Name:

Address:

City:

State:

ZIP code:

Contact person:

Title:

Telephone:

Email:

PROJECT INFORMATION

Name of Project

TOTAL PROJECT COST

\$

Amounts requested from *(component fund)*

\$

Other local sources

\$

Other sources

\$

Project Period:

From:

To:

Number of participants expected to be involved in this project:

CERTIFICATION

I certify that the information contained in this grant applications is true and correct to the best of my knowledge and belief, and that I have the authority to apply for the funds requested:

Signature:

Title:

Date:

(Component Fund Name)		Program Grant Application		
While you may use a different form for communicating the proposed budget, it is important that the format include both cash and in-kind costs and sources of funds.				
PROPOSED BUDGET				
Proposed Project Name:				
Proposed Project Period:		From:	To:	
ESTIMATED COSTS ASSOCIATED WITH PROJECT	CASH FROM FUND OR FOUNDATION	CASH FROM OTHERS	IN-KIND SUPPORT	TOTAL PROJECT
Salaries				
Travel				
Communications (postage, printing, telephone, etc.)				
Occupancy (rent, utilities, insurance, etc.)				
Supplies				
Equipment				
Contractual Services				
Administrative Expenses				
Other: (specify)				
Other: (specify)				
TOTAL COSTS				
SOURCES OF FUNDS FOR PROJECT	CASH FROM FUND OR FOUNDATION	CASH FROM OTHERS	IN-KIND SUPPORT	TOTAL PROJECT
(Component Fund) or Foundation				
Applicant				
Other Local Sources				
Other Foundations				
Fees				
Other: (specify)				
Other: (specify)				
TOTAL SOURCES OF FUNDS				

