

Minnesota Veterinary Medical Foundation Grant Form

(Grant requests of \$5,000 or less) **DEADLINE: MARCH 31, 2018**

Date of application: _____ Application submitted to: _____

Grantee/Organization Information

Name of grantee/organization

Legal name, if different

Address

City, State, Zip

Employer Identification Number (EIN) or SSN

Phone

Fax

Web site

Name of top paid staff

Title

Phone

E-mail

Name of contact person regarding this application

Title

Phone

E-mail

Is your organization an IRS 501(c)(3) not-for-profit? _____ Yes _____ No

If no, is your organization a public agency/unit of government? _____ Yes _____ No

If no, check with funder for details on using fiscal agents, and list name and address of fiscal agent:

Fiscal agent's EIN number

Proposal Information

Please give a brief summary of request (please use separate sheet if needed):

Minnesota area served

Benefit to MN veterinarians/veterinary medicine:

Funds are being requested for (**check one**) Note: Please be sure funder provides the type of support you are requesting.

_____ General operating support _____ Start-up costs _____ Capital
_____ Project/program support _____ Technical assistance _____ Other (list) _____

Project dates (if applicable): _____ Fiscal year end: _____

Budget

Dollar amount requested: _____ \$

Total annual organization budget: _____ \$

Total project budget (for support other than general operating): _____ \$

*Indicate other grant or other monies received from other sources \$

Authorization

Name and title of grant applicant: _____