## **Minnesota Veterinary Medical Foundation Grant Form**

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

Grantee/O	organization Information	n		
Name of grantee/organization	n	Legal na	ame, if different	
Address	City, State, Zip	Employer Identifica	ution Number (EIN)	r SS
Phone	Fax	1	Website	
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 50	O1(c)(3) not-for-profit?		Yes	N
If no, is your organization a pe	ublic agency/unit of gove	ernment?	Yes	N
_				ber 
Please give a brief summary of request (please us	posal Information se separate sheet if neede	ed):		ber
	se separate sheet if neede	ed): MN veterinarians/vet	terinary medicin	
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Please give a brief summary of request (please use Minnesota area served:  Funds are beginning support	Benefit to I  eing requested for (check  Start-up costs  Technical assistance	MN veterinarians/vet	al list)	· · · · · · · · · · · · · · · · · · ·
Please give a brief summary of request (please use Minnesota area served:  Funds are beginned and the management of the	Benefit to I  eing requested for (check  Start-up costs  Technical assistance	MN veterinarians/vet  x one)  Capita ce Other (1	al list)	::
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Please give a brief summary of request (please use Minnesota area served:  Funds are beginned and the project of the project of the project dates (if applicable):  Dollar amount requested: Total annual organization budget:	Benefit to I  Benefit to I  Start-up costs Technical assistand Fiscal year er  Budget  \$ \$ \$	MN veterinarians/vet  x one)  Capita ce Other (1	al list)	::
Please give a brief summary of request (please use Minnesota area served:  Funds are beginned and the project of the project of the project dates (if applicable):  Dollar amount requested:	Benefit to I  eing requested for (check  Start-up costs Technical assistance  Fiscal year er  Budget  \$ \$ \$ \$ eral operating): \$	MN veterinarians/vet  (a one)  ———————————————————————————————————	al list)	::