

Minnesota Veterinary Medical Foundation Grant Form

(Grant requests of \$5,000 or less) **DEADLINE: MARCH 30, 2010**

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/vet. med.:

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: