

Kay Clint Fund for Emerging Needs

*****GRANT APPLICATION FORM*****

I. APPLICANT INFORMATION:

Organization Name: _____

Contact Name: _____ Title: _____

Address: _____

Phone: _____ Fax: _____ E-mail: _____

Mission Statement: _____

II. IRS Federal EIN Number: _____

If your agency is not already funded by the United Way of Washington County East, please attach a copy of your IRS 501(c)(3) tax exemption letter and your most recent audited financial statements and IRS Form 990.

III. Grant Program Information:

A. Program Name: _____

B. Amount requested: \$ _____

C. Program Dates: Start: _____ Finish: _____

D. Please complete the attached list of questions IV thru VIII as concisely as possible and in the space provided. If additional information is needed, it will be requested after the proposal has been reviewed.

V. Financial Information. Budgeted program expenses and revenue sources.

Please **attach** a one year program budget, listing all revenue sources and projected expenses.

VI. For collaborative proposals, please attach letters of support from each organization, including contact names and contact information for each organization.

VIII. Signatures.

Applicant	Title
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IX. Date of application: _____

RETURN Two (2) Copies of the completed APPLICATION FORM TO:
(But, only one copy of your 501(c)(3) letter, financial statements and IRS Form 990 if you are **not** already receiving funding from United Way of Washington County-East.)

Kay Clint Fund for Emerging Needs
United Way of Washington County-East
P. O. Box 305
Stillwater, MN 55082-0305

Questions??? Contact Lois Raboin at the United Way of Washington County-East
651/439-3838 or lois@uwwce.org