



502 Chestnut St.  
Virginia, MN 55792  
Telephone: 218-741-5115  
Contact@gen-w.com

## Community Grant Application

Date of Application: \_\_\_\_\_  
(mm/dd/yyyy)

Organization: \_\_\_\_\_

Leader's Name: \_\_\_\_\_  
(Last) (First) (M.I.)

Organization Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
(City) (County) (State) (Zip)

Contact Info: \_\_\_\_\_  
(Phone) (Fax) (E-Mail)

• Is your organization a 501 C 3 Non-Profit? Yes No

• Is your organization a Public School/Athletic Team/Club? Yes No

• Is your organization a Government Agency? Yes No

• Amount of grant funding you are requesting: \_\_\_\_\_

• Please provide your project's Start Date \_\_\_\_\_ End Date \_\_\_\_\_

• Please answer the questions on the following pages in detail.

1. Please provide a detailed description of your proposed project.

2. Who will benefit from this proposed project, and what community needs will this project meet?

3. Where will this project be located, carried out, implemented?

4. How many and who will be involved in this project?

5. Please provide a budget proposal for this project. Explain how the funds will be used. Please describe other grant sources you have sought and describe what other funding you have secured and/or applied for and what funding is dependent on obtaining funds through this program.