



Our Mission: Serving needs and Encouraging Opportunities in Cook County

PO Box 592 Grand Marais, MN 55604

**APPLICATION FOR COMMUNITY GRANT**

Date: \_\_\_\_\_

Name of Organization/Agency: \_\_\_\_\_

Requestor Name/Position: \_\_\_\_\_

Contact Information: cell phone \_\_\_\_\_ email \_\_\_\_\_

Proposed Use of Funds \_\_\_\_\_

Amount Requested \_\_\_\_\_

Grant Payee \_\_\_\_\_ Mailing Address: \_\_\_\_\_

**In one or two sentences, describe your project and how it benefits the community.**

**What is the number of beneficiaries that you expect to reach with this grant?**

**If we cannot fund the full amount, would you be able to make use of a lesser donation and seek matching funds from another source?**

Please provide the budget for this project, including any other funding sources you have (or hope to have):

ITEM	COST	PURPOSE	FUND SOURCE

**We require that you send a photograph of the project or activity funded by the grant.**

Email this application to : [WISE55604@gmail.com](mailto:WISE55604@gmail.com)