**BLANDIN FOUNDATION**

**GRANT APPLICATION**

**(for Donation Requests $100-$1,000)**

You may submit your grant application one of three different ways: 1) Regular U.S. mail to 100 N. Pokegama Ave., Grand Rapids, MN 55744; or 2) email to [grants@blandinfoundation.org](mailto:grants@blandinfoundation.org); or 3) on-line at grants.blandinfoundation.org/apply. **If you do not hear from us directly, acknowledging receipt of your application within 72 hours of submission, please call us at 218-326-0523.**

**PROPOSAL SUMMARY**

# Organization Information

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

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | | |  | | | | | | | | |
| Name of organization | | | Legal name, if different | | | | | | | | |
|  | |  | | | | | | | | | |
| Address | | City, State, Zip | Employer Identification Number (EIN) | | | | | | | | |
|  | |  |  | | | | | | | | |
| Phone | | *Fax* | *Web site* | | | | | | | | |
|  | |  |  | | | |  | | | | |
| Name of CEO/Exec. Dir. | | Title | Phone | | | | E-mail | | | | |
|  | |  |  | | | |  | | | | |
| Name of contact person regarding this application | | Title | Phone | | | | E-mail | | | | |
| Is your organization an IRS 501(c)(3) nonprofit? | | | | | |  | | Yes |  | No |
| If no, is your organization a public agency/unit of government? | | | | |  | | Yes |  | No |
| *If no*, list name and address of fiscal agent: | | | | | | | | | |
|  | | |  |  | | | | | | |
|  | | |  | Fiscal agent’s EIN | | | | | | |

### Proposal Overview

|  |  |
| --- | --- |
| Duration of grant request: \_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_  Month Year Month Year  Please give a brief summary of your project request:  Please give a 1-2 sentence summary of the geographic area your project will serve: | |
|  |  |

### Budget Summary

|  |  |
| --- | --- |
| Fiscal Year of Organization: \_\_\_\_\_\_\_\_\_\_\_to\_\_\_\_\_\_\_\_\_\_\_  Month Month  Total project budget: | $ |
| Total dollar amount requested of Blandin Foundation: | $ |
| Total annual organization budget: | $ |

### Authorization

|  |  |
| --- | --- |
| Name of CEO/Exec. Director or Board Chair: |  |
| **Signature** (scanned/electronic signature acceptable) |  |

|  |  |
| --- | --- |
| If using a fiscal agent, please provide the name of the CEO/Executive Director or Board Chair: |  |
| **Signature** (scanned/electronic signature acceptable) |  |