

**ENGELSTAD FAMILY FOUNDATION  
GRANT APPLICATION FORM**

**Background Information:**

Program or project title: \_\_\_\_\_

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

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_ Website: \_\_\_\_\_

Contact person: \_\_\_\_\_ Title: \_\_\_\_\_

**Information about the Request:**

Date of application: \_\_\_\_\_ Amount Requested: \_\_\_\_\_

Type of Support (please check):

Project  General Operating  Capacity Building  Technical Assistance  Emergency

What geographic area will be served? \_\_\_\_\_

Approx. number of people served? \_\_\_\_\_ Time period covered by grant? \_\_\_\_\_

**Organizational Information:**

How long has the organization been in existence? \_\_\_\_\_

Number of paid staff: Full-time \_\_\_\_ Part-time \_\_\_\_ How often does your board meet? \_\_\_\_\_

IRS 501(c)(3) Determination Letter (**Required for Consideration**)

**Financial Information:**

Total income of organization (most recent fiscal year): \_\_\_\_\_

Total expenses of organization (most recent fiscal year): \_\_\_\_\_

If project:

Total expenses budgeted for the project: \_\_\_\_\_

Amount raised for the project so far: \_\_\_\_\_

Please list the other funding sources on an attached page, with the amount funded per source.