

# Minnesota Veterinary Medical Foundation Grant Form

(Grant requests of \$5,000 or less)    **DEADLINE: MARCH 31, 2012**

Date of application: \_\_\_\_\_ Application submitted to: \_\_\_\_\_

|   |
|---|
| <b>Grantee/Organization Information</b> |
|---|

|                                     |                                 |
|-------------------------------------|---------------------------------|
| <i>Name of grantee/organization</i> | <i>Legal name, if different</i> |
|-------------------------------------|---------------------------------|

|                |                         |  |
|----------------|-------------------------|--|
| <i>Address</i> | <i>City, State, Zip</i> | <i>Employer Identification Number (EIN) or SSN</i> |
|----------------|-------------------------|--|

|              |            |                 |
|--------------|------------|-----------------|
| <i>Phone</i> | <i>Fax</i> | <i>Web site</i> |
|--------------|------------|-----------------|

|                               |              |              |               |
|-------------------------------|--------------|--------------|---------------|
| <i>Name of top paid staff</i> | <i>Title</i> | <i>Phone</i> | <i>E-mail</i> |
|-------------------------------|--------------|--------------|---------------|

|  |              |              |               |
|--|--------------|--------------|---------------|
| <i>Name of contact person regarding this application</i> | <i>Title</i> | <i>Phone</i> | <i>E-mail</i> |
|--|--------------|--------------|---------------|

Is your organization an IRS 501(c)(3) not-for-profit?      Yes      No

*If no*, is your organization a public agency/unit of government?      Yes      No

*If no*, check with funder for details on using fiscal agents, and list name and address of fiscal agent:

|  |                                  |
|--|----------------------------------|
|  | <i>Fiscal agent's EIN number</i> |
|  |                                  |

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| <b>Proposal Information</b> |
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Please give a brief summary of request (please use separate sheet if needed):

Minnesota area served: \_\_\_\_\_

Benefit to MN veterinarians/vet. med.: \_\_\_\_\_

Funds are being requested for **(check one)** *Note: Please be sure funder provides the type of support you are requesting.*

|                                 |                            |               |                          |
|---------------------------------|----------------------------|---------------|--------------------------|
| _____ General operating support | _____ Start-up costs       | _____ Capital | _____ Other (list) _____ |
| _____ Project/program support   | _____ Technical assistance | _____         | _____                    |

Project dates (if applicable): \_\_\_\_\_ Fiscal year end: \_\_\_\_\_

|               |
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| <b>Budget</b> |
|---------------|

Dollar amount requested: \_\_\_\_\_

Total annual organization budget: \_\_\_\_\_

Total project budget (for support other than general operating): \_\_\_\_\_

\*Indicate other grant or other monies received from other sources

|                      |
|----------------------|
| <b>Authorization</b> |
|----------------------|

Name and title of grant applicant: \_\_\_\_\_