



**THE FREDRIKSON & BYRON FOUNDATION
GRANT APPLICATION**

Return with requested attachments to:

The Fredrikson & Byron Foundation
Attn: Administrator
200 South Sixth Street
Suite 4000
Minneapolis, MN 55402-1425

Date: _____ Amount of Request: _____

Name of Organization:

Address:

Telephone:

Fax #:

Contact Person:

(If your organization has never received a grant from us or your tax status has changed since your last grant receipt, attach a copy of your IRS statement of nonprofit status.)

Please type answer to each question limiting the response to the space provided.

1. Describe your organization and its mission, major services and its activities.

13. Please identify any Fredrikson & Byron attorney(s) or other employees who are members of your Board of Directors and describe any other involvement Fredrikson employees have in the work of your organization.

2678873_4.doc