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.

2. Describe the project for which funding is requested, stating what is to be achieved and how it dovetails with our mission statement.

3. List the plan and time schedule established to accomplish the objectives stated in No. 2.

4. Specify geographical area covered by proposed project and target audience(s). Identify other programs serving similar target population (geography and/or audience) and explain the relationship between the programs.

5. List sources to which applications for funding for this project have been made, and amounts of requests and commitments. Indicate with an asterisk those sources from which commitments have been received.

6. Describe future funding plans if this is to be an ongoing project.

7. Please list any grants previously received from The Fredrikson & Byron Foundation, giving the period(s) during which funding was received and amount(s).

8. Please attach an overall project budget, specifying items for which Foundation support is requested. You may attach a brief narrative explanation of the budget if necessary.

9. Did or will your organization receive support from the United Way during the last calendar year?

10. Has your organization submitted its information to the Charities Review Council of Minnesota or any other charity review organization? (Please identify.)

11. How does your organization plan to assess the effectiveness of this program/project generally and the use of this request grant specifically?

12. When and in what form can we expect a report on this program/project?

13. Does your organization discriminate or have a written policy of discrimination on the basis of any legally protected status or characterization? *(please answer unless you are a religious organization)*

14. 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.

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