

GRANT APPLICATION FORM

The Koskovich Foundation
Grant Application Administrator
PO BOX 7679 · Rochester MN · 55903
info@koskovichfoundation.org

Today's Date _____

Organization Name _____

Address _____

City _____ State _____ ZIP _____

Website _____

Social Media sites _____

Title _____
Name of Person Submitting this Application _____

Phone () _____ Fax () _____

Email Address _____

Mission (Succinctly describe the purpose of organization) _____

Services Provided by Organization _____

Area(s) Served by Organization (if applicable) _____

Year Organization Established _____ Year Received Tax-Exempt Status _____
(Attach proof of tax-exempt status)

Number of employees _____ *Include a copy of your 990 or Financial Statement

Permission to contact for additional information? YES _____ NO _____

Describe the project for which funds are being requested. Include the purpose and goal of the project. You may use this space and attach up to one additional page, if necessary.

This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

Describe the implementation process for the project. Include time schedule with estimated completion date.

Describe the evaluation process for the project. Specifically, how do you plan on monitoring progress and managing the time schedule?

FUNDING INFORMATION

Grant Amount Being Requested \$ _____

Type of Grant Being Requested (Check One) _____ Grant-Gift _____ Grant-Loan

If a Grant-Loan is being requested, specify unsecured assets that the organization is willing to pledge as security/collateral:

Asset _____	Estimated Value _____
Asset _____	Estimated Value _____
Asset _____	Estimated Value _____

Estimated Cost of Project for Which the Grant Funds are Needed \$ _____

Date Grant Funds Needed _____

List other Sources of Funds for Project (Indicate Status – Funds Committed or Being Sought)

Funds Contributor _____	Amount \$ _____	Status _____
Funds Contributor _____	Amount \$ _____	Status _____
Funds Contributor _____	Amount \$ _____	Status _____

ATTACHMENTS

990 or Financial Statement.

A copy of your brochure or a recent newsletter. 2-3 photos of your organization in action.

GRANT REPORT FORM

The Foundation requires that all grant recipients provide regular progress reports on the project for which they received a Foundation grant. The timing and frequency of these reports – as well as their content – will vary dependent on the nature, size, estimated completion time, and scope of the project. The Foundation will tailor reporting requirements to the grant recipient when a grant is awarded to the organization.

To assist in developing reporting requirements, please provide the following:

Person Responsible for Overseeing Project:

Name _____ Title _____
Phone (____) _____ Email _____

Describe Measurable Project Goals including Benchmark Evaluation Points:

Provide a short narrative of the planned implementation of this project, including involvement of other agencies or organizations
