Edina Community Foundation

Strengthening Our Community

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GRANT APPLICATION

Contact Name:		
Organization:		Date:
Address:		
City:	State:	Zip:
Telephone:	Facsimile Number:	

Brief Description of Request (Please attach additional page(s) if necessary):

Total Cost of Project:	**Amount of Request:**
Signature:	**Date:**

GRANT ACTION
(To Be Filled Out By Foundation Staff Only)

Date of Review:	Recommendation of Distribution Committee?		[Yes]	[No]
Executive Board Action	[Approved]	[Not Approved]	[Tabled]	
Amount Approved:				
Comments:				