



La Crescent Community Foundation

Strengthening roots in our community

Grant Application

Date of Grant Application _____

Name of Organization Seeking Grant _____

Address of Organization Seeking Grant _____

Name of Contact Person _____

Title of Contact Person _____

Address of Contact Person _____

Telephone Number of Contact Person _____

Purpose to which Funds will be used _____

(Additional pages and _____

Supporting documents may _____

Be submitted) _____

How will the La Crescent Community Foundation be publicly recognized? _____

Amount of Funds being Requested \$ _____

What other sources of funds will be used for this project? _____

Name of Head of the Organization _____

Signature of Head of the Organization _____

Send completed form to: Grant Committee

La Crescent Community Foundation, Inc.

PO Box 170

La Crescent, MN 55947-0170

Or email to lacrescentcommunityfoundation@gmail.com