



Connie and Merece Lubarski Champions Club Fund
PO Box 68
Stephen, MN 56757
PROPOSAL FOR FUNDING

Organization Information

Applicant organization _____

Address _____

City _____ State _____ Zip _____

Contact person/title _____

Telephone# _____ Fax# _____ Email Address _____

IRS tax exempt status (check one) Public 501(c)(3) Federal ID# _____
 Other (specify) _____

PROJECT TITLE _____

Project duration (list beginning and end dates) _____

Brief summary of your request _____

Geographic area to be served by project _____

The Connie and Merece Lubarski Champions Club Fund of the Northwest Minnesota Foundation (NMF) is committed to fairness, objectivity and

non-discrimination in its funding policies.

PROJECT DESCRIPTION (If additional space is needed to address the questions below, please use the back of this form.)

1. Briefly outline your implementation plan and project timeline.

2. How will your project benefit and enhance the community of Stephen?

3. Who will help you? (Discuss the role of any collaborative partners and financial commitments.)

FINANCIAL INFORMATION

Total project cost \$ _____

Amount requested from **Connie and Merece Lubarski Champions Club Fund** Fund of the Northwest Minnesota Foundation (NMF)
\$ _____

Other resource sources for this project (include cash, materials, labor or other in-kind support):

Source	Resource Requested	Committed or Pending	Date of Commitment
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Upon project completion Grant recipients are required to submit a final report regarding projects. Failure to submit a final report will make your organization ineligible for future Grants, until such time as a report is submitted.

Executive Director, Board Chair or Committee Chair (of the requesting organization)

Signature _____

Date _____

ATTACH ADDITIONAL INFORMATION OR PHOTOS AS NEEDED