

**SOURIS VALLEY UNITED WAY  
YOUTH BOARD GRANT APPLICATION**

Mail to: 15 2<sup>nd</sup> Avenue SW, Suite 102 Minot, ND 58701

**Application Deadlines**  
February 28  
April 30  
October 31

Date of Application: \_\_\_\_\_

**ORGANIZATION INFORMATION**

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Legal Name of Organization \_\_\_\_\_ Mailing Address \_\_\_\_\_

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Contact Person \_\_\_\_\_ Title \_\_\_\_\_ Telephone \_\_\_\_\_

**AMOUNT AND TYPE OF SUPPORT REQUESTED**

Funds are being requested for, check where appropriate:

\_\_\_\_\_ general operating support      \_\_\_\_\_ travel  
\_\_\_\_\_ start-up costs                      \_\_\_\_\_ project support  
\_\_\_\_\_ other

If a project, give project duration: \_\_\_\_\_

**BUDGET**

Total dollar amount needed for project/activity: \$ \_\_\_\_\_

Total project budget, if applying for project support: \$ \_\_\_\_\_

The dollar amount requested: \$ \_\_\_\_\_ Date funds are needed: \_\_\_\_\_

*Maximum grant request \$1,000*

Please attach a list of other fund raising activities and names of businesses you are soliciting for funding, with dollar amounts, indicating which sources are committed, pending, or anticipated. (One Page Limit)

**PROPOSAL SUMMARY**

Number of youth to benefit from grant funding: \_\_\_\_\_

Please circle grade ranges the majority of your group represents:      K-5<sup>th</sup>                      6<sup>th</sup>-8<sup>th</sup>                      9<sup>th</sup>-12<sup>th</sup>

**Please attach a summary of your grant request** stating specifically what your request will be used for (ex. travel, supplies, speaker, etc.) – One Page Limit

**AUTHORIZATION**

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Signature of adult at least 18 years old (ie: advisor, teacher, parent or coach) \_\_\_\_\_ Print Name \_\_\_\_\_ Telephone \_\_\_\_\_