

First National Bank of Bemidji Foundation
PO Box 670, Bemidji, MN 56619-0670
218-751-2430

DONATION REQUEST FORM

Must be completed and signed prior to approval.

Name of Organization: _____

Organization Non-profit Tax ID#: _____

A COPY OF THE 501C3 STATUS MUST ACCOMPANY THE APPLICATION.

Name(s) of person(s) requesting donation and relationship with organization:

Purpose/Mission of organization. Include brief description of objectives.

Explain in specific project for which the donation funds are being requested and dates of the project:

How does this project help families and children of the Bemidji area? What is the estimated number of total clients served? What is the estimated percentage of clients from the Bemidji Area that are/will be supported by requested funds?

Please list names of corporations and foundations from which you are requesting funds, with dollar amounts, including which sources are committed or pending.

Please attach a copy of your total yearly operating budget showing all revenues and expenses.

What is the amount of the donation requested? _____

What is the history of accomplishments achieved by donations for this or other projects?

How have they contributed to the community?

What result measurements are in place to judge the effectiveness of organization project?

Please include list of Board of Directors of organization with grant request.

Date needed for a response to grant request:

Signed: _____ Date: _____

Signed: _____ Date: _____

Contact Name _____ Phone # _____

Address _____ City _____ State _____ Zip Code _____

Email Address _____