

**Grant Application To  
Alexandria United Methodist Trust Fund**

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(Additional sheets may be attached as needed to answer the questions below.)

ORGANIZATIONAL NAME: \_\_\_\_\_

MAILING ADDRESS:

Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Does this organization have a 501.c.3 status: \_\_\_Yes \_\_\_No?

What is the main purpose of this organization?

What is the geographic location of the primary service area?

What is the primary source of funding for this organization?

What is the annual budget for all operations of this organization?

What is the governing structure of this organization---number of persons on the Board of Directors etc.

Outline the general purpose of this grant application. What will be accomplished if this grant is awarded? (Please no requests to cover operational expenses)

How much is the grant request? Approximately how many people will be affected by this grant?

Signed \_\_\_\_\_ Date \_\_\_\_\_

**Completed applications may be mailed to Alexandria United Methodist Church, 2210 6<sup>th</sup> Avenue East, Alexandria, MN 56308 or emailed to [office@alexumc.org](mailto:office@alexumc.org). All applications must be received by November 1, 2024.**