

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

(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?

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 6th Avenue East, Alexandria, MN 56308 or emailed to office@alexumc.org. All applications must be received by November 1, 2017.