



P. O. Box 624  
Walker, MN 56484

**WAF Grant Application**

**ORGANIZATION INFORMATION**

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

Name of Organization/Individual

Legal name, if different

Address

City, State, Zip

Employer Id # (EIN)

Phone

Fax

Web site

Name of contact person, Title

Phone

E-mail

Is organization an IRS 501(c) 3 not-for-profit?    \_\_\_ Yes    \_\_\_ No

**PROPOSAL INFORMATION**

Project Title/Purpose of Funding: \_\_\_\_\_

Project dates (define if applicable): \_\_\_\_\_

Population served: \_\_\_\_\_

Geographic area served: \_\_\_\_\_

**Proposal Narrative:**

Please attach separate sheet addressing following points (if applicable):

What is the need you are addressing?

What work will be done in the community?

What is the expected result of the work/activities described above?

What will constitute success?

Why is your organization best suited to address this need?

How will your organization address this need – be specific: provide goals, objectives, actions and schedule to achieve goals.

How will you evaluate your performance?

How will you measure the quality of your product or impact of your service?

How many individuals will benefit from the work you conduct?

**Walker Area Foundation**

**Budget**

Dollar amount requested: \_\_\_\_\_ Other funding (amounts): \_\_\_\_\_

Attach projected budget.

**Authorization**

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Title

Incomplete grant applications will be returned to applicant without consideration.

Completed applications should be mailed to:

Walker Area Foundation, Attention: Grant Review Committee, Box 624, Walker, MN 56484