

COOPERATIVE DEVELOPMENT FOUNDATION

MSC Fund - Grant Application Cover Sheet

Please read our grant guidelines carefully before completing this grant application form. Please answer the questions fully in the space provided, using only the space or number of lines allowed.

ORGANIZATION INFORMATION

| | | | |
|--|--------------------|--------|------|
| 1. Name: | | | |
| 2. Has your organization ever received a grant from the Mutual Service Fund/MSI Foundation? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, when? _____ For what project? | | | |
| 3. Federal Employer Identification Number: | | | |
| 4. Address: | City: | State: | Zip: |
| Telephone: | Fax: | | |
| General E-Mail Box: | Website: | | |
| What kind of organization are you? (e.g. coop, university) | | | |
| 5. Name and title (e.g. CEO, President, Executive Director) of Organization's Director | | | |
| 6. Name/Title/Contact Information of person completing this grant application Name: _____ Telephone: _____ Title: _____ E-Mail: _____ | | | |
| 7. Current Annual Operating Budget Summary: Revenues: \$ _____ | Expenses: \$ _____ | | |
| 8. Has your organization been classified as a Section 501(c)(3) organization? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, has it also been classified as _____ (a) a publicly supported organization described in Section 509(a)(1), 509(a)(2), or 509(a)(3) <input type="checkbox"/> Yes <input type="checkbox"/> No _____ (b) as not being a private foundation? <input type="checkbox"/> Yes <input type="checkbox"/> No If you are not a 501(c)(3), please identify your fiscal agent _____ | | | |
| 9. Summary Profile of Your Organization: Include history, strategic goals, services provided, etc. (Use no more than 10 lines on this application. Additional information may be included in Proposal Narrative) | | | |

PROJECT OVERVIEW

| | |
|---|--|
| 10. Amount Requested: \$ _____ | For Period (months/years): _____ |
| 11. Type of Request: <input type="checkbox"/> One time Project <input type="checkbox"/> Ongoing Project | |
| 12. Project Title: | |
| 13. Purpose of Project (Please select one) <input type="checkbox"/> Education <input type="checkbox"/> Training | <input type="checkbox"/> Promotion <input type="checkbox"/> Program Development |
| 14. Total Amount of Project (including amount requested): \$ _____ | |
| 15. Project Start Date: | Completion Date: |
| 16. CEO or other Authorized Signature Signature: _____ Title: _____ | Date: _____ Please type name: _____ |