

Minnesota Knights Foundation
Matching Grant Application

Primary Council/District:

Council/District Name _____ Number _____ Date _____

City _____ County _____ State _____

Did the Council participate in the Foundation Raffle? Yes _____ No _____

All councils must consistently and substantially participate in the yearly Foundation Raffle to be eligible for a matching grant.

Primary Contact:

Name _____ Member # _____

Council Name _____ Council Number _____

Address _____

City _____ State _____ Zip _____ County _____

E-mail _____

Home phone _____ Fax _____

Describe the project and the problem it will address, including the intended primary beneficiaries and how the project will benefit the Church or community need. Which of the Knights of Columbus activities does it fall under? Provide the estimated length of time needed to complete the project. Is this an annual program or one time project?

(Add an attachment if necessary.)

Projected target completion date _____

Projected Cost \$ _____

Council/District fund raiser(s) Commitment \$ _____

Foundation Request \$ _____

Project Budget

Provide an estimated budget. The amount can be in dollars or hours. The dollars will be used to determine the amount of Foundation money that will be supplied.

Budget Item	Supplier	Amount
-------------	----------	--------

Describe how the beneficiary will maintain this project once the money is expended and the project is completed.

Grand Knight

Financial Secretary

Foundation Information Only:

Amount Requested \$ _____

Amount granted \$ _____

Did this Council/District previously ask for funds? Yes _____

No _____

When? _____

How much granted? _____

Date: _____

Foundation Representative/Title