

GRANT APPLICATION

Organization Name:	
Address:	
Contact Person:	Telephone:
Email Address:	Date:
One paragraph description of the <u>Organization</u> :	
Title of Project:	
Amount requested from Foundation: \$	Total cost of Project \$
One paragraph summary of <u>Proposal:</u> (Additional in	nformation may be included separately)
(Feel free to attach additional information	tion that may help in our determination)
Please list any grants received from the Kuyper For they were used:	undation in the past five years and indicate how

Please attach your most recent financial statement of Annual Report and a copy of your 501(c)(3) if you have not received funding from this Foundation. Please mail your application to:

Kuyper Foundation 617 Franklin Place Suite 200 Pella IA 50219