

P.O. Box 727 Mandan, ND 58554

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2022 Grant Application

Those interested in receiving a grant through RDFC need to work directly with their local cooperative.

PROJECT INFOR	RMATION		
Project Title:			
Recipient:			
•			
Recipient Mailing Ad	dress (include stree	et address, city, state & zip code):	
Recipient Phone #:		Recipient Email:	
Request from RDFC: \$		Total Project Costs: \$	
(max. \$2,000 / min. \$500)		(\$4 other funds to \$1 RDFC funds – Member assumatching fund minimums are secured)	res
Project Location:			
Recipient Tax ID Nun	nber:		
	recreation, commi	ed business or facility (i.e. ambulance, hospital, fire dist unity center, etc.) d project (i.e. service group/club; youth/school program	
development projects (i.	e.: café, grocery sto	Is are to be used for community betterment and/or economic ore, motel; ambulance services, fire districts, recreation; schoot provide funds for medical fundraisers or general operation.	ool/youth
Funding Sources:			
Local Incentive Funds	\$		
State Funds	\$		
Federal Funds	\$		
City	\$		
County	\$		
RDFC Member Co-op	\$		
Bank	\$		
RDFC request	\$		
Other	\$		
Total:	\$	(must equal total project costs listed above	
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RDFC-MEMBER INF	FORMATION (Uti	lity Cooperative to fill out)	
Contact Person:		Title:	
Phone Number:		Email address:	
Signature of RDFC Auth	orized Member	Date	

Cooperatives: Return signed application to RDFC