

Think Bank Grant Application

Contact Person _____ Title _____
Organization _____
Address _____
City _____ State _____ Zip _____
Email _____ Phone _____ Cell Phone _____

YOUR MISSION AND OBJECTIVES: (500 words or less)

Give a **brief summary** of your organization's history, including the date your organization was established. Attach information from your website if available and your **financial statement**.

Give a brief summary of your mission and goals. Provide statistical information on your target demographic and distribution of those served. Specifically, include how you serve low to moderate-income individuals and if there are income qualifications for your services. **Provide the percentage of low to moderate income people served by your programs/events.**

Give a brief description of your organization's current programs or activities, including any service statistics and strengths or accomplishments. Highlight new or different activities, if any, for your organization.

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If you received funding from Think Bank in the past, please include a brief history of that funding and describe how those funds were used to support your mission and the impact of that funding.

- General Operating Fund Ongoing Project – Title: _____
- Event Sponsorship – Title: _____
- Sponsorship includes: (Table of _____, signage, ad space, etc.)
- Date(s) of Event: _____
- We're a 501c-3 non profit: _____

Give a brief summary of your request: (Requests are reviewed once per calendar year. Please prioritize all funding into one request). **Provide evidence of community need for this request.**

If the request is for an event, how much did you raise (net) for your purpose last year? (Include list of past and current sponsors):

Summarize the impact that this will have on your organization or the community you serve. Include other funding sources for your organization. (Add another page, if needed):

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TIMELINE: Start Date: _____ End Date _____

Funds needed by: _____

Dollar amount requested: \$ _____

Total annual organization budget: \$ _____

Signature:

Date:

**Applications can be mailed to Think Mutual Bank; ATTN: Carol Thouin;
PO Box 5949; Rochester, MN; 55903 or email to communitygiving@thinkbank.com**