## Louis & Abby Faye Dinklage Foundation

P.O. Box 758 Wisner, NE. 68791

APPLICANT ORG	ANIZATION	
Name:		
Address: _		
Telephone: (	()	
Principle Purpose of	of Organization:	
Contact Person:		
Name:		
Address:		
Telephone:	()	

## **GRANT PROJECT OR PROGRAM**

Amount Requested: Total Project/Program Cost:
Describe Main Purpose of Project/Program:
(attach additional sheets If necessary)

- 5. How many people to benefit from Project/Program: \_\_\_\_\_
- 6. Length of Project/Program:
- 7. Who will be responsible for Project/Program? (identity individuals):

8.	Project/Program Budget (List by Line Rem):			
	Cost Item	Amount		
	TOTAL BUDGET \$			
9.	Other Sources of Project/Program Funds	S (List organizations & amounts):		
Date:	By:			
	Title:			
Your application will	be reviewed by the Board of Directors	of the Foundation and if		
	n is required, you will be contacted. Ar			
will be delayed.				
	FOUNDATION USE ONLY			

Date Application Received:		
Application Completed:		
Date Reviewed:		
Grant Approved:	Not Approved: _	
Amount Approved: \$		
Letter of Notification Sent:		