

NORTH STAR CAVIAR 2012 GRANT APPLICATION

For Office Use Only:
Grant #

A JOINT VENTURE OF THE WILLISTON AREA CHAMBER OF COMMERCE AND FRIENDS OF FORT UNION/FORT BUFORD

APPLICANT INFORMATION

Name of Applicant Organization:

Contact Person for grant correspondence:

Mailing Address for grant correspondence:

City:

State:

County:

Zip Code:

Phone:

Email:

Who will administer funds awarded:

DESCRIPTION OF ORGANIZATION

Briefly describe your organization and its objectives:

Number in Membership:

Length of Existence:

DESCRIPTION OF PROJECT

Describe the project for which North Star funding is requested, including the specific use(s) of the funds:

Which category best describes your project (see project category definitions for explanation):

Cultural

Recreational

Historical

Resource Related

Location and timeline for completion of project:

PROJECT COST

Use this area to outline the total cost of your project, the specific amount requested from North Star Caviar, and funding coming from other sources, including in-kind contributions. **Attach support:** actual estimates, price lists, catalog pages, etc. Your request must be specific, verifiable, and reasonable.

Amount Requested from North Star Caviar (same as \$ below):** \$_____

Project Title:

Project Budget Sources:	North Star Grant	In Kind	Other Sources	Total Cost
Salaries and Wages:	NA	\$	\$	\$
Contracted Services:	\$	\$	\$	\$
Travel Expenses:	\$	\$	\$	\$
Communication/ Printing Costs	\$	\$	\$	\$
Materials and Supplies:	\$	\$	\$	\$
Other: Be Specific: _____	\$	\$	\$	\$
Totals	\$**	\$	\$	\$

If granted less than amount requested, will the project move forward? How will the project be completed?

Have you requested or received other funding for this project? If so, from whom?

APPLICATION DEADLINE

Deadline for receipt of application is March 5, 2012

NORTH STAR CAVIAR
10 Main Street
PO Box G
Williston ND 58802-0779

Direct questions to June Sheaks at 701-577-3474, fax 701-577-8591 or email info@northstarcaviar.com
Our mission Statement, project category definitions, application process, and guidelines are available.

Applications without sufficient supporting detail may be eliminated from consideration.

SIGNED BY:

DATE: