

**NORTHWEST MINNESOTA FOUNDATION  
ECI PROPOSAL FOR INCIDENTAL FUNDING**

You may reproduce this form on your computer

**ORGANIZATION INFORMATION -**

Applicant Organization (to whom is check payable?) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State MN Zip \_\_\_\_\_

Contact person/title \_\_\_\_\_

Telephone # \_\_\_\_\_ Fax # \_\_\_\_\_ E-mail address \_\_\_\_\_

IRS tax exempt status (check one)  Public Agency/School  501(c)(3) Federal I.D. Number \_\_\_\_\_

Coalition Name/Community \_\_\_\_\_

**FINANCIAL INFORMATION**

Total project cost \$ N/A Amount requested from NMF \_\_\_\_\_

**Other funding sources to which you are applying for this project:**

<u>SOURCE</u>	<u>REQUESTED AMOUNT</u>	<u>COMMITTED OR PENDING</u>	<u>DATE OF COMMITMENT</u>
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N/A

**PROJECT INFORMATION**

Project title ECI Incidental Expenses

Project duration (list beginning and end dates) Funds will be expended as needed.

Brief summary of your request We request funds to be expended for meeting expenses, office supplies, advertising, public relations costs and whatever other small expenses are encountered by the coalition in the carrying out of its duties.

ECI COORDINATOR or COALITION CHAIR

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

(OVER)

**PROJECT DESCRIPTION** (Please limit information to this sheet. Do not submit additional materials unless requested.)

1. Please describe the opportunity, challenge, issue or need that your proposal addresses.

We request funds to be expended as needed for meeting expenses, child care, office supplies, advertising, public relations costs, and whatever other small expenses encountered by the coalition in the carrying out of its duties.

2. How will your project address the above situation?

N/A

3. Who will help you? (Discuss the role of any collaborative partners and financial commitments.)

The local fiscal host will collaborate with the coalition.

