



IMPACT-CANDO CONNECTION FUND GRANT INFORMATION FORM

1. **Organization's name, address, phone, fax number and website address:**

2. **Contact person's name, title, phone number and e-mail address:**

3. **Nonprofit tax-exempt status: The Foundation awards grants to organizations in the following 501(c)(3) subsections. Please attach a copy of your IRS determination letter to this form and also check the subsection that is applicable to your organization below (refer to your IRS determination letter):**
 - 170(b)(1)(a)(i) – Church
 - 170(b)(1)(a)(ii) – School
 - 170(b)(1)(a)(iii) – Hospital or medical research organization
 - 170(b)(1)(a)(iv) – Organization which operates for benefit of college or university and is owned or operated by a governmental unit
 - 170(b)(1)(a)(v) – Governmental unit
 - 170(b)(1)(a)(vi) – Organization which receives a substantial part of its support from a governmental unit or the general public
 - 509(a)(2) – Organization that normally receives no more than one-third of its support from gross investment income and unrelated business income and at the same time more than one-third of its support from contributions, fees and gross receipts related to exempt purposes
 - 509(a)(3) – Organizations operated solely for the benefit of and in conjunction with organizations described in the previous seven items

4. **Yearly revenue (last FY):** \$ _____
Yearly expenses (last FY): \$ _____

5. **Please submit a copy of your most recent financial audit.**

6. **Project title and description:**

7. **Project goals and anticipated outcomes:**

8. **Project's service area, target population and number of persons to be served:**

9. **Project budget:**

CONFLICTS OF INTEREST

As a prospective grantee, it is important that you disclose any potential conflicts of interest with Impact Foundation so that the Foundation can protect its tax-exempt status by avoiding transactions, arrangements, or uses of the Foundation's funds that might unreasonably benefit the private interests of potential grantees, including benefits to the potential grantee and their related persons including, without limitation, the potential grantee's directors, trustees, officers, committee members, key employees, or immediate family members thereof.

To the best of your knowledge, are you aware of any actual or potential conflicts of interest with Impact Foundation's staff, board and/or committee members?

OTHER

We have attempted to ask questions that will provide us with enough information to adequately review your proposal. However, please use this space to provide any additional project information you wish to be considered.

We are committed to developing helpful relationships with our grant applicants. Accordingly, please feel free to contact Cindy Eggl by phone at 701-356-2658 (toll free #: 877-977-5770) or via e-mail at cindyeggl@dakmed.org at any time throughout the application process.

SIGNATURE: _____

PRINT NAME: _____

TITLE: _____

DATE: _____