



Request for Financial Support

Name of Organization: _____

Contact Person: _____ Phone # () _____ - _____

Email: _____

Mailing Address: _____

City: _____ State: MN Zip: _____

- Please indicate what you are requesting:

Financial Support in the Amount of: _____

Material Goods _____

Other (please specify) _____

- Please state what the money and goods will be used for?

- Please identify the population(s) that will be served:

All of McLeod County School District Single Organization

High School Students Middle/Junior High School

Elementary Students Families

- Please list any collaborative partners that you are working with on this request.

- Please list what other groups/organizations that you have also requested funds from?

If you have received funds from other groups, how much have you received towards your goal? _____

- Please identify how by granting this request the goals and missions of MEADA will be promoted to your target audience

- How will MEADA contributions be acknowledged publicly by your organization?

Approved

Amount Approved: _____ MEADA representative initials:

Denied