

9549 Hwy 5 P.O. Box 6 Columbus, ND 58727 701.939.6671 www hdec coon

2023 RDFC Grant Application

Applicant/Organization:		
Applicant Tax ID Number:		
Mailing Address:		
City:	ST:	Zip:
Contact Name:		
Contact Phone:	Contact Email:	
Project Name:		
Check one:		
Community-owned bu	usiness or facility (i.e. ambulance, hospital, community center, etc.)	
Community-based pro	oject (i.e. service group/club; youth/schoo	
Funding Request: \$1,000	Total Project Costs:	
Funding Sources: Organization req	uesting funds must have \$4 in other funds	to \$1 in RDFC funds.
Local Incentive Funds: \$	RDFC Member Co-c	p: \$
State Funds: \$	Bank: \$	
Federal Funds: \$	RDFC request: \$_	
City: \$	Other: \$	
County: \$	Total of all Sources:	\$
Signature		 Date

Return completed applications to: