

Horizon Fund Grant Application

(Submit application to West Nidaros Foundation no later than October 1st.)



Date: _____

Applicant/Organization Name: _____

Contact Person(s): _____

Address: _____

Telephone: _____ Cell: _____

Email: _____

Amount Requested: \$ _____ **

List the activities that you are planning to support with these funds and state why you believe this proposal is important to the mission and ministries of West Nidaros:

Indicate the dollar amount needed to accomplish this project if the above request is not sufficient to complete the project:

\$ _____

Is this project, organization or individual included in the current West Nidaros' general budget? (Please check one.)

_____ Yes _____ No If yes, explain the need for additional funds:

** Upon completion of the project, receipts will be required, showing how the funds were used. Any appropriated, unused funds at the end of the fiscal year shall be returned to the Horizon Fund and cannot be accumulated or carried over to the next year, without Foundation and Council approval.