



1949 North Linn Ave PO Box 151 New Hampton, IA 50659

Grant Request Form

Date: _____

Name of Organization: _____

Address: _____

City, State, Zip: _____

Contact Person: _____ Phone: _____

Amount Requesting: _____ 501C3 Tax ID Number _____

Y N

Project Details

Project title: _____

Proposed Project

Description: _____

Any questions or comments please contact us

Laura Schwickerath
New Hampton
641-394-3052

Carol Boyle
Rockwell
641-822-3221

Sarah Sturges
Burchinal
641-822-4660