

## **Grant Application**

Foundation Representative Complete the following		
Name		
Office/Department		
Organization Complete the following - Foundation Representatives should NOT fill out this section.		
Contact	Date	Amount requested
Name of organization		
Email		Phone
The Edina Realty Foundation offers financial support to non-profit organizations serving homeless individuals, children and families and/or homelessness prevention in communities across Minnesota and western Wisconsin. Please be sure your request fulfills our mission/vision.		
What does your organization do? What is your founding mission and what are your operations?		
How does your organization prevent homelessness or	assist those experiencir	ng homelessness?
Do you have a specific project the requested funds will Edina Realty vision/mission.	ll assist with? Please des	scribe and explain how it fits into the
Have you received funds from the Edina Realty Founda	ation in the past?	

Attach a copy of your organization's 501© (3) tax determination letter

Grant applications are to be submitted to the Edina Realty office's Foundation Representative.