

Date of Request: _____

Grant Application

Amount Requested: \$ _____

Applicant and Project Information

Name of Project: _____

Name of Organization
check should be sent to: _____

Contact Person: _____

Phone: _____

Address - Mail: _____

Fax: _____

Address - Street: _____

Email: _____

City, State Zip: _____

Does your organization have a nonprofit 501c(3) status? ☐ Yes ☐ No

Federal Tax ID# (or EIN): _____

Deadline for funding decision (if applicable)? _____

Has Kinross made a donation to your organization in the past? ☐ Yes ☐ No
If yes, when and how much? _____

Can this request accept partial funding? ☐ Yes ☐ No

Type of Project:

(Check one only)

- ☐ Community Health, Safety, and Well-being
- ☐ Educational Opportunities
- ☐ Environmental Protection and Conservation
- ☐ Cultural Enhancement and Historical Preservation
- ☐ Economic Development and Sustainability
- ☐ Cultural Enhancement and Historical Preservation
- ☐ Infrastructure Improvements / Equipment
- ☐ Other:

Project Description

Please describe your project or program.

Which community or communities will benefit from this project?

List one or more of the Manh Choh footprint communities listed in the guidelines document.

Why is this important to your community/ies right now?

Is this a one-time event or an ongoing initiative? If one-time, what sustained impact will it have?

Project Budget

Please include costs and other funding sources.

#	Project Task	Request	Applicant cash	Applicant in-kind	Other Sources	Total
1		\$	\$	\$	\$	\$
2		\$	\$	\$	\$	\$
3		\$	\$	\$	\$	\$
4		\$	\$	\$	\$	\$
5		\$	\$	\$	\$	\$
6		\$	\$	\$	\$	\$
7		\$	\$	\$	\$	\$
8		\$	\$	\$	\$	\$
9		\$	\$	\$	\$	\$
10		\$	\$	\$	\$	\$
	Totals					

Submission Instructions

Please return this completed application and any attachments by the published grant cycle deadline to:

Shelly Wade, Community Fund Team

shelly@agnewbeck.com

907-242-5326

P.O. Box 9, Tok, AK 99780-0009

ATTN: Manh Choh Community Fund