



**NORTH SHORE COLLABORATIVE FUND APPLICATION**  
**616 Third Ave, Two Harbors, MN 55616**  
**Phone 218-834-8403**

<b>Organization Information</b>		
Legal Name of Organization:		Date of Application:
Address:		
City, State, Zip:		
Contact Person:	Title:	Telephone:
Email:		Annual Budget of Organization:
Organization Description:		
Is your organization a 501(c)(3) nonprofit?	<input type="checkbox"/> YES <input type="checkbox"/> NO	
If no, is your organization a public agency/unit of government or religious institution?	<input type="checkbox"/> YES <input type="checkbox"/> NO	
If no, name of fiscal agent:		
<b>Proposal</b>		
Project Name:		Project Dates:
Amount Requested:		Total Project Budget:
Funds Will Be Used For:		
Other Sources of Funding:		
Other organizations you have contacted for funding:		
Please provide a summary of the request (attach separate sheet if necessary):		
How is the project's success evaluated?		
Population and geographic area served:		
AUTHORIZED BY (please sign and print name):		