

Cub  **Cares**
COMMUNITY FOUNDATION
A P P L I C A T I O N

MAIL TO: Cub Cares Community Foundation Committee, 421 South Third Street, Stillwater, MN 55082

organization

Organization Name: Date:

Address:

City/State/Zip: Telephone:

Organization Contact: Title:

Please enclose the following items; the proposal cannot be processed without them.

- Copy of 501(c)(3) tax exemption ruling Current and proposed operating budget

Has Cub Foods or SUPERVALU made previous gifts to your organization:

No Yes Amount: \$ Date of last grant:

Please briefly describe the purpose of the organization.

proposal

Please briefly describe the specific purpose of this request and how it would create a unique partnership with Cub Foods.

proposal (continued)

Amount of request: \$ Number of people served:

Please check the program area which best describes the grant:

- Education Hunger Relief Other

Population group served:

Age categories:

- General Public Children (age 5 - 12) Youth/Adolescent
 Adults Families (age 12 - 18)

Women and girls:

- Female, all ages Female children (age 5 - 12) Female Youth/Adolescent
 Female Adults (age 12 - 18)

Men and boys:

- Male, all ages Male children (age 5 - 12) Male Youth/Adolescent
 Male Adults (age 12 - 18)

Disabilities:

- General/unspecified Physical
 Mental/emotional Other _____

Minorities:

- African American Asian/Pacific islander Hispanic
 Native American Other _____

Geographic area served: (i.e., state, county, region, neighborhood, etc.)

other

Has an employee of Cub Foods or SUPERVALU been involved with your organization within the last 12 months? No Yes

Name of Cub Foods or SUPERVALU employee:

Activities performed: