

**GRANT APPLICATION
CONSOLIDATED CONSERVATION FUND
BELTRAMI COUNTY
DUE DATE: OCTOBER 31, 2024**

Legal Name of Organization

Address

City, State, Zip

Telephone

Name of officer responsible for project duties

Telephone

Organization Description: (2-3 sentences)

Is your organization an IRS 501 (c)(3) not for profit? _____ Yes _____ No

If no, is your organization a public agency/unit of government? _____ Yes _____ No

If no, name of fiscal agent _____

PROJECT SUMMARY:

Project Name: _____ Dollar Amount Requested: \$ _____

Project Budget Revenues:

| Source | Dollar Amount |
|--------|---------------|
| _____ | \$ _____ |
| _____ | \$ _____ |
| _____ | \$ _____ |
| _____ | \$ _____ |
| _____ | \$ _____ |

Project Budget Costs:

| Item | Dollar Amount |
|-------|---------------|
| _____ | \$ _____ |
| _____ | \$ _____ |
| _____ | \$ _____ |
| _____ | \$ _____ |
| _____ | \$ _____ |

Project Category (check one): _____ Community Development _____ Capital Improvement
_____ Cultural and Recreational _____ Natural Resources

Geographic Area Served: _____

Population Served: _____

Date of Project: Commence _____ Complete _____

PROJECT ANNUAL REPORT

Project Name: _____

Person responsible for filing the Project Annual Report:

Name

Address

Telephone

Email Address

Revenues Received (All Sources):

| Source _____ | \$ Dollar Amount _____ |
|--------------|------------------------|
| _____ | \$ _____ |
| _____ | \$ _____ |
| _____ | \$ _____ |
| _____ | \$ _____ |
| _____ | \$ _____ |
| _____ | \$ _____ |
| _____ | \$ _____ |
| _____ | \$ _____ |
| _____ | \$ _____ |
| _____ | \$ _____ |
| _____ | \$ _____ |

Expenses Paid:

| Item _____ | \$ Dollar Amount _____ |
|------------|------------------------|
| _____ | \$ _____ |
| _____ | \$ _____ |
| _____ | \$ _____ |
| _____ | \$ _____ |
| _____ | \$ _____ |
| _____ | \$ _____ |
| _____ | \$ _____ |
| _____ | \$ _____ |
| _____ | \$ _____ |
| _____ | \$ _____ |
| _____ | \$ _____ |

SUBMIT TO: (Submit Annual Report After Project Completion)

Beltrami County Auditor-Treasurer
Attn: JoDee Treat
701 Minnesota Ave NW
Bemidji, MN 56601

OR jodee.treat @ co.beltrami.mn.us