

**MN SEVERE STORMS CONFERENCE  
OPERATIONS GRANT APPLICATION  
2016**

**APPLICANT SUMMARY**

Amount of Request \_\_\_\_\_ Project Start Date \_\_\_\_\_

Total Project Cost \_\_\_\_\_ Project End Date \_\_\_\_\_

Name of Applicant Group \_\_\_\_\_

County/State \_\_\_\_\_ Website \_\_\_\_\_  
(if applicable)

Project Contact \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

If awarded, grant check should be made payable to: \_\_\_\_\_

Provide a brief summary of your project:

**PROJECT BUDGET**

Income

Grant Funds Requested \_\_\_\_\_ (cannot be more than 80% of total expenses)

Income from Other Sources \_\_\_\_\_

Total Income \_\_\_\_\_ (must equal total expenses)

Expenses

_____	_____
_____	_____
_____	_____
_____	_____

Total Expenses \_\_\_\_\_

Explanatory Notes (including detailed information on income from other sources and expenses):

**STATEMENT OF INCOME AND EXPENSES**

List income and expense items in the form below (description, then dollar amount). Reporting period should be the year or fiscal year most recently ended. This should be the equivalent of a profit and loss statement for a one year period.

Reporting Period: \_\_\_\_\_

Income

_____	_____
_____	_____
_____	_____
_____	_____

Total Income

\_\_\_\_\_

Expenses

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Total Expenses

\_\_\_\_\_

Net Income (Loss)

\_\_\_\_\_

**NARRATIVE**

Attach a detailed description of your project and explain why you should be selected. See Narrative Tips for more guidance. Limit 5 pages.

**EQUIPMENT SPECIFICATIONS**

Attach a detailed description of the proposed equipment, including technical information about the project equipment and how it will relate to the entire system. Include at least two cost estimates (if possible) and provide analysis of those estimates.

**IRS FORM W-9**

Attach a completed and signed Form W-9. Grant award may be considered taxable income to the individual or organization named on this form. Please consult your tax professional.

**CERTIFICATION SIGNATURES**

We, the undersigned, certify that our board of directors / advisory committee supports the project in this application and that all information in the attached application is true and correct to the best of our knowledge. Further, we resolve to carry out the project as it is described in the attached application if funding is awarded by the MN Severe Storms Conference. Lastly, if funding is awarded, we agree to remit the Final Report prior to the due date and to give a short presentation about our project at the next conference.

Two signatures from members of your group are required. One signer must be a board officer or advisory committee member. You must submit original signatures with your application.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date