

MADISON TORSKE KLUBBEN FOUNDATION, INC.

January, 2010

To Whom It May Concern:

Madison Torske Klubben Foundation, Inc. will be considering requests for funding in April, 2010.

If you would like to submit a request to our Foundation, we ask that your request be submitted in the format set forth below. Please attach proof of your organization's non-profit, section 501 tax-exempt status. No grant distributions will be made without this proof. Please return your application no later than April 1, 2010 to:

Trygve Lonnebotn, President
Madison Torske Klubben Foundation, Inc.
S7708A Lucille Lane
Merrimac, WI 53561

REQUEST FOR ASSISTANCE

1. Name and address of organization:
2. Names of directors and/or organizers:
3. Primary function or mission statement of organization:
4. Amount of assistance requested: \$_____.
5. Description of project and how the grant will be used:
6. Other sources of income or grants anticipated:

7. Is support likely be required in subsequent years for the same project?

8. Name, address and telephone number to contact for additional information:

9. What percent of funds will be used for management and/or administration?

10. Any additional information you wish to provide:

Madison Torske Klubben Foundation, Inc. will require a written report concerning your use of any funds granted within thirty (30) days of completion of the event or project. Failure to submit this report may result in denial of future grants from the Foundation.

Request completed by: _____ Date: _____

Reviewed by: _____ Date: _____