THE RANDY SHAVER CANCER RESEARCH AND COMMUNITY FUND
GRANT APPLICATION COVER PAGE

General Information:

Name of Organization (Legal Name)_____

Address_____
Street/P.O. Box City State Zip

Contact Person_____Title_____

Telephone #:_____Fax #:_____

Tax Status: (check one) _____501(c)3 _____Public Agency (Gov't. created)
_____Unit of Gov't. _____Other: _____

Project Description:

Name of Project_____

Statement of project purpose_____

Geographic area to be served by project_____

Check type of project:

____Cancer Research ____Technology or screening tools that would enhance early detection of cancer ____ Aid or Assistance to the Minnesota Cancer Community ____ Capital Projects, Program expansion or Special Projects

____Other_____

Project Beginning Date_____Project Ending Date_____

Total Project Budget_____Amount Requested_____

(please attach Narrative Guidelines) and send to:

The Randy Shaver Cancer Research and Community Fund
C/O Roseann Giovanatto-Shaver (Executive Director)
294 East Grove Lane Suite 200F
Wayzata, MN 55391