



Rural Development Finance Corporation

P.O. Box 727
Mandan, ND 58554
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2024 Grant Application

Those interested in receiving a grant through RDFC need to work directly with their local cooperative.

PROJECT INFORMATION

Project Title: _____

Recipient: _____

Recipient Contact: _____

Recipient Mailing Address (include street address, city, state & zip code): _____

Recipient Phone #: _____

Recipient Email: _____

Request from RDFC: \$ _____
(max. \$3,000 / min. \$500)

Total Project Costs: \$ _____
(\$4 other funds to \$1 RDFC funds – Member assures matching fund minimums are secured) Ex. \$12,000 needed for \$3,000 grant

Project Location: _____

Recipient Tax ID Number: _____

Check one: _____ Community-owned business or facility (i.e. ambulance, hospital, fire district, recreation, community center, etc.)
_____ Community-based project (i.e. service group/club; youth/school programs, etc.)

How will the grant funds be used? (Funds are to be used for community betterment and/or economic development projects (i.e.: cafe, grocery store, motel; ambulance services, fire districts, recreation; school/youth projects, etc. or workforce development) Please note that RDFC does not provide funds for medical fundraisers or general operating costs.

Funding Sources:

Local Incentive Funds \$ _____
State Funds \$ _____
Federal Funds \$ _____
City \$ _____
County \$ _____
RDFC Member Co-op \$ _____
Bank \$ _____
RDFC Request \$ _____
Other \$ _____ (Please list) _____
Total: \$ _____ (must equal total project costs listed above)

RDFC MEMBER COOPERATIVE INFORMATION (Utility Cooperative to fill out)

RDFC Member Cooperative: _____
Contact Person: _____ Title: _____
Phone Number: _____ Email address: _____
Mailing Address: _____

Signature of RDFC Authorized Member

Date

Cooperatives: Return signed application to RDFC

This institution is an equal opportunity provider and employer.