



P.O. Box 524, Boystown, NE 68010 • (717)295-7142

## GRANT APPLICATION

*Cosmopolitan Diabetes Foundation will accept grants for diabetes-related purposes.*

Applicant \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

email: \_\_\_\_\_

Contact Person & Title \_\_\_\_\_ Phone \_\_\_\_\_

Project Budget \$ \_\_\_\_\_ Amount Requested \$ \_\_\_\_\_

Is this a new project for your organization? Yes \_\_\_\_\_ No \_\_\_\_\_

Purpose for which funds will be used:

\_\_\_\_\_ General Operating Support    \_\_\_\_\_ Startup Costs    \_\_\_\_\_ Supplies  
\_\_\_\_\_ Equipment    \_\_\_\_\_ Other

**Describe the project for which funds will be used and attach an itemized project budget:**  
(May attach a separate page as needed.)

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*For consideration by the Cosmopolitan Diabetes Foundation Board of Directors, Grant Applications must be received at the address below by May 31.*

**Cosmopolitan Diabetes Foundation**  
**Attn: CHAIRMAN**

**1420 220th Street**  
**Sergeant Bluff, IA 51054**  
OR  
email: [randy@prkramer.com](mailto:randy@prkramer.com)