



Rural Development Finance Corporation

P.O. Box 727
Mandan, ND 58554
Phone: 701-663-6501 Toll free: 800-234-0518
Fax: 701-663-3745

2022 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: \$ _____ Total Project Costs: \$ _____

(max. \$2,000 / min. \$500) (\$4 other funds to \$1 RDFC funds – Member assures matching fund minimums are secured)

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.: café, grocery store, motel; ambulance services, fire districts, recreation; school/youth projects, etc.) 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 INFORMATION (Utility Cooperative to fill out)

RDFC Member Cooperative: ___ Red River Communications _____

Contact Person: ___ Donna Thiel _____ Title: ___ Executive Assistant _____

Phone Number: ___ 701-553-8243 _____ Email address: ___ donnathiel@redrivercomm.com _____

Mailing Address: ___ PO Box 136, Abercrombie, ND 58001-0136 _____

Signature of RDFC Authorized Member _____

Date _____