



111 Railroad Avenue-PO Box 38-Ray, ND 58849-www.nccray.com-ncc@nccray.com

2023 RDFC Grant Application

Applicant/Organization: _____

Applicant Tax ID Number: _____

Mailing Address: _____

City: _____ **ST:** _____ **Zip:** _____

Contact Name: _____

Contact Phone: _____ **Contact Email:** _____

Project Name: _____

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 Request: _____ **Total Project Costs:** _____

(Organization requesting funds must have \$4 in other funds to \$1 in RDFC funds)

Other Funding Sources:

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

Signature _____
Date

Return completed applications by October 13, 2023 to:
NCC, Attn: Grants
P.O. Box 38, Ray, ND 58849 or ncc@nccray.com, Subject: Grants