Expenses covered by this grant will be only for replacement or new instructor electronic equipment.

Requested Amount: $Click here to enter amount.

Organization: Select an organization.

Name: Click here to enter your name.

Address: Click here to enter your address.

E-mail: Click here to enter your e-mail.

Phone: Click here to enter your number.

Type of Equipment: Click here to enter type of equipment specifics.

Supporting Justification: Click here to enter supporting justification.

Have you applied to other organizations for assistance: [ ]  Yes [ ]  No

If yes, identify the organization(s): Click here to enter the organization.

If yes, amount requested/provided: $Click here to enter the amount.

Within a week of obtaining the equipment, submit copies of receipts for expenses and explanation of what was purchased.

After expenses are verified by the financial director, a check will be issued for the amount approved initially by the Square Dance Minnesota, Inc. Board.