

Square Dance Minnesota, Inc.
Equipment Grant Application

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

Requested Amount: \$ _____

Organization: _____

Name: _____

Address: _____

E-mail: _____

Phone: _____

Type of Equipment: _____

Supporting Justification: _____

Have you applied to other organizations for assistance: Yes, No

If yes, identify the organization(s): _____

If yes, amount requested/provided: \$ _____

Within a week of obtaining the equipment, submit, 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.