



GRANT APPLICATION FORM

Please mail to: PO Box 990, Minneapolis, MN 55440

Organization Name: _____ **Date:** _____

Address: _____

City/State/Zip: _____ **Telephone:** _____

Organization Contact: _____ **Title:** _____

Please enclose the following items — the proposal cannot be processed without:

- COPY OF 501(c)(3) TAX EXEMPTION RULING
- MOST RECENT AUDITED FINANCIAL REPORT
- MOST RECENT IRS FORM 990
- CURRENT AND PROPOSED OPERATING BUDGET

Has SUPERVALU made previous grants to your organization?

YES NO AMOUNT: \$ _____ DATE OF LAST GRANT: _____

Briefly describe the purpose of the organization: _____

Briefly describe the specific purpose of this request: _____

Amount of request: \$ _____ **Number of people served:** _____

Please check the program area which best describes the grant: HUNGER RELIEF HEALTH AND NUTRITION ENVIRONMENTAL STEWARDSHIP

Population Group Served:

AGE CATEGORIES

- GENERAL PUBLIC
- CHILDREN (5-12)
- YOUTH/ADOLESCENTS (12-18)
- ADULTS
- FAMILIES

FEMALES

- ALL AGES
- CHILDREN (5-12)
- YOUTH/ADOLESCENTS (12-18)
- ADULTS

MALES

- ALL AGES
- CHILDREN (5-12)
- YOUTH/ADOLESCENTS (12-18)
- ADULTS

DISABILITIES

- GENERAL/UNSPECIFIED
- PHYSICAL
- MENTAL/EMOTIONAL
- OTHER _____

MINORITIES

- AFRICAN AMERICAN
- ASIAN/PACIFIC ISLANDER
- HISPANIC
- NATIVE AMERICAN
- OTHER _____

OTHER NAMED GROUPS

- SUBSTANCE ABUSER
- SINGLE PARENT
- INCARCERATED/EX-OFFENDER
- LOW-INCOME
- OTHER _____

Geographic Area Served — (i.e., state, county, region, neighborhood, etc.): _____

Type of support: GENERAL OPERATING SUPPORT SPECIAL PROJECT
PROGRAM DEVELOPMENT OTHER (SPECIFY) _____

Sources of Income:

*Please attach additional sheet if necessary

	LAST YEAR	PERCENT OF BUDGET	CURRENT YEAR ESTIMATED	PERCENT OF BUDGET
CORPORATE GIFTS/FOUNDATIONS				
GOVERNMENT (LOCAL/STATE/NATIONAL)				
INDIVIDUAL DONORS				
FEES FOR SERVICE				
UNITED WAY FUNDING				
OTHER				
TOTAL ANNUAL INCOME	\$		\$	

Amount Of Annual Expenditures:

*Please attach additional sheet if necessary

	LAST YEAR	PERCENT OF BUDGET	CURRENT YEAR ESTIMATED	PERCENT OF BUDGET
PROGRAM SERVICES				
SALARIES & BENEFITS				
ADMINISTRATION & GENERAL				
FUND RAISING				
OTHER				
TOTAL ANNUAL EXPENSES	\$		\$	

Has an employee of SUPERVALU been involved with your organization within the last 12 months? YES NO

NAME OF SUPERVALU EMPLOYEE: _____ LOCATION: _____

ACTIVITIES: _____

List 3 organizations in your geographical area that serve a function similar to yours:

1. _____

2. _____

3. _____

Explain the results to be accomplished by the proposed program or project: _____

