

GRANT APPLICATION
CONSOLIDATED CONSERVATION FUND
BELTRAMI COUNTY
DUE DATE: OCTOBER 31, 2026

Legal Name of Organization

Address

City, State, Zip

Telephone

Name of officer responsible for project duties

Telephone

Organization Description: (2-3 sentences)

Is your organization an IRS 501 (c)(3) not for profit? _____ Yes _____ No

If no, is your organization a public agency/unit of government? _____ Yes _____ No

If no, name of fiscal agent _____

PROJECT SUMMARY:

Project Name: _____ Dollar Amount Requested: \$ _____

Project Budget Revenues:

Source	\$	Dollar Amount
_____	\$	_____
_____	\$	_____
_____	\$	_____
_____	\$	_____
_____	\$	_____

Project Budget Costs:

Item	\$	Dollar Amount
_____	\$	_____
_____	\$	_____
_____	\$	_____
_____	\$	_____
_____	\$	_____

Project Category (check one): _____ Community Development _____ Capital Improvement
_____ Cultural and Recreational _____ Natural Resources

Geographic Area Served: _____

Population Served: _____

Date of Project: Commence _____ Complete _____

This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There are approximately 20 lines visible. The paper has a slight shadow on the right side, suggesting it's resting on a surface.

Signature of Board or Committee Chair

Type or print name of person signing authorization

A copy of Applicants Annual Budget must be included with application.

Beltrami County Auditor-Treasurer
Attn: Kailey Rucinski
701 Minnesota Ave NW
Bemidji, MN 56601

OR kailey.rucinski@beltramicountymn.gov

PROJECT ANNUAL REPORT

Project Name: _____

Person responsible for filing the Project Annual Report:

Name

Address

Telephone

Email Address

Revenues Received (All Sources):

Source	Dollar Amount
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

Expenses Paid:

Item	Dollar Amount
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

SUBMIT TO: (Submit Annual Report After Project Completion)

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