

GRANT APPLICATION
CONSOLIDATED CONSERVATION FUND
BELTRAMI COUNTY
DUE DATE: OCTOBER 31, 2025

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 _____

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Signature of Board or Committee Chair

NOTE:

SUBMIT TO:

Attn: Kailey Rucinski
701 Minnesota Ave NW
Bemidji, MN 56601

OR kailey.rucinski @ co.beltrami.mn.us

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)

Beltrami County Auditor-Treasurer

Attn: Kailey Rucinski

701 Minnesota Ave NW

Bemidji, MN 56601

OR kailey.rucinski @ co.beltrami.mn.us