

TARGET STORES 2003 COMMUNITY GIVING PROGRAM GRANT APPLICATION

Instructions: To apply, complete this official application in type or produce a document identical to the following format. Please complete the entire application without the use of "see attached."

Date of Application: _____ / _____ / _____

Legal Name of Organization: _____ Tax ID Number: _____

Address/City/State/ZIP: _____

Telephone: _____ Fax: _____ E-mail: _____

Executive Director Name: _____ Telephone: _____

Grant Contact Name: _____ Telephone: _____

Program Title: _____ Program Date(s): _____ Amount Requested: _____

Previous Target Grants: 2002: \$ _____ 2001: \$ _____ 2000: \$ _____

Have you ever received a grant from (check all that apply): Marshall Field's Mervyn's Target Foundation

Which Target store are you applying to: _____

FOCUS AREA

For which Target Stores' grantmaking focus area is this project the best fit (please check one only):

Arts Education Family Violence Prevention

COMMUNITIES SERVED INFORMATION

Information in this section is for reporting purposes only and has no bearing on the acceptance or rejection of your proposal. If your organization does not keep this kind of information, please provide your best estimates for each category.

AGE GROUP: (check all that apply)

Babies/Toddlers only (under 5) Children only (5–14 years) Youth/Adolescents only (14–19 years)
 Children/Youth (Babies–19 years) Young Adults (20–25 years) Adults only
 Aging/Elderly/Senior Citizens

ETHNICITY: (check up to three)

African American Asian/Pacific American European American
 Native American Latino/Hispanic/Chicano American Bi/Multi-Racial
 Other Specified Ethnic Group

GENDER: (check primary group)

Females only Males only Both genders

PRIMARY POPULATION SERVED: (check up to three)

Blind/Vision Impaired Deaf/Hearing Impaired Economically Disadvantaged
 Gay/Lesbian/Transgender Immigrants/Newcomers/Refugees Mentally/Emotionally Impaired
 Physically Impaired Single Parents General Public



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ORGANIZATION DESCRIPTION

Provide 2–3 sentences regarding your organization, including a summary of mission and/or objects.

PROJECT DESCRIPTION

Provide a project summary that includes the project’s contents, why it is needed, and how it will have a positive effect.

VOLUNTEERS

Are there any opportunities for volunteer involvement in association with this grant/project? If yes, please describe.

SUBMITTING THE APPLICATION

The following attachments must be submitted with this application:

- A project or program detailing expenses and anticipated income sources
- A current list of business and foundation donors with their contribution levels
- A current annual operating budget with income and expenses
- A copy of your organization’s IRS 501(c)(3) status
- A list of your organization’s Board of Directors, including names, titles and affiliations

AUTHORIZATION

Signature of person submitting this application _____ Date _____