

HOME BUILDERS CARE OF FARGO-MOORHEAD FOUNDATION

DONATION REQUEST FORM

Guidelines

Home Builders Care of Fargo-Moorhead Foundation board of trustees will review applications at one of its six yearly meetings. Applications must be received by the end of the month prior to each meeting. The organization / persons requesting the donation will be notified within seven business days of the board meeting on the approval or denial of its donation request.

Purpose Statement: Impacting our community through building projects, empowering students, and shaping the future workforce.

Organization	
EIN/Federal Tax # (If applicable)	
Contact	Phone Number
Address	
Email	
Amount requested	Project Start/End Dates
Materials Monetary Dor	nation Labor/Volunteers
Please Answer The Questions Below:	
1. Describe the project for which you are reques	sting assistance, including location, budget, who will
be served and how they will benefit from this	project.
2. Describe how the project relates to Home Build	ilders Care of F-M Foundation's mission.
3. If labor is not requested, briefly describe who	will complete the work (i.e., staff, volunteers, etc).

- 4. Timeline for the project.
- 5. Fundraising strategy specific to this request (if applicable)

Questions? Contact Summer Hammond (701) 232-5846 or summer@hbcfm.com.