



2500 W. 49th Street, Suite 223, Sioux Falls, SD 57105 * (717) 295-7142

GRANT APPLICATION

Cosmopolitan Diabetes Foundation will accept grant requests for diabetes related purposes

APPLICANT _____ DATE _____

ADDRESS _____

EMAIL ADDRESS _____

CONTACT PERSON & TITLE _____ PHONE _____

PROJECT BUDGET \$ _____ AMOUNT REQUESTED \$ _____

IS THIS A NEW OR EXISTING PROJECT? NEW _____ EXISTING _____

PURPOSE FOR WHICH FUNDS WILL BE USED (CHECK THOSE THAT APPLY):

_____ GENERAL OPERATING SUPPORT _____ START-UP COSTS _____ SUPPLIES

_____ EQUIPMENT _____ OTHER (Description: _____)

DESCRIBE PROJECT AND HOW FUNDS WILL BE USED AND ATTACH ITEMIZED PROJECT BUDGET (May attach a separate page if needed):

*For consideration by the Cosmopolitan Diabetes Foundation Board of Directors. Grant Applications must be received at the below email address and/or the mailing address **by May 31, 2025.***

COSMOPOLITAN DIABETES FOUNDATION

ATTN: CHAIRMAN

2865 GLENEAGLES ROAD

SALEM, VIRGINIA 24153

rmdanstrom@gmail.com