



GRANT APPLICATION

Cosmopolitan Diabetes Foundation will accept grants for diabetes-related purposes.

Applicant _____ Date _____

Address _____

Contact Person & Title _____ Phone _____

Project Budget \$ _____ Amount Requested \$ _____

Is this a new project for your organization? Yes _____ No _____

Purpose for which funds will be used:

_____ General Operating Support _____ Startup Costs _____ Supplies
_____ Equipment _____ Other

Describe the project for which funds will be used and attach an itemized project budget:
(May attach a separate page as needed.)

For consideration by the Cosmopolitan Diabetes Foundation Board of Directors, Grant Applications must be received at the address below by July 1.

Cosmopolitan Diabetes Foundation
Attn: CHAIRMAN

1401 S. Coates Rd
Sioux Falls, SD 57105