



**Miller-Dwan  
Foundation**  
Grant Application Cover Sheet

**Submit Original and 25 copies**

Date of Submission: \_\_\_\_\_

Name of Organization: \_\_\_\_\_

Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_ Employer ID # (EIN) \_\_\_\_\_

Phone \_\_\_\_\_ Website \_\_\_\_\_

Name of top paid staff \_\_\_\_\_ Title \_\_\_\_\_ Phone \_\_\_\_\_ E-mail \_\_\_\_\_

Name of contact person \_\_\_\_\_ Title \_\_\_\_\_ Phone \_\_\_\_\_ E-mail \_\_\_\_\_  
regarding this application

Human subjects involved?    Yes        No        If yes, attach notice Internal Review Board approval

Project Title: \_\_\_\_\_

Amount Requested: \_\_\_\_\_

**I have contacted the Miller-Dwan Foundation and am requesting funds from the following funding source:**

- |  |  |
|--|--|
| Miller-Dwan Foundation Unrestricted Funds  | Van Gorden New Initiatives – Outreach Fund |
| Van Gorden New Initiatives – Polinsky Fund | Sara M. Young Education Fund               |
| Albert G. Gonska Memorial Fund             | Dorothy Ribenack Fund                      |

Project Start Date: \_\_\_\_\_ Project End Date: \_\_\_\_\_

**Applications from community non-profits must be approved by the Board of Directors**

\_\_\_\_\_ Board Chair \_\_\_\_\_ Date \_\_\_\_\_

**Applications from EssentiaHealth departments must be approved by the department director and the hospital administrator/vice president**

\_\_\_\_\_ Department Director \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_ Hospital Administrator/Vice President \_\_\_\_\_ Date \_\_\_\_\_

**Applications from academic institutions must be approved by the department chair and the dean**

\_\_\_\_\_ Department Chair \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_ Dean \_\_\_\_\_ Date \_\_\_\_\_