

**Louis & Abby Faye Dinklage Foundation**

P.O. Box 758  
Wisner NE 68791

APPLICANT ORGANIZATION

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: ( ) \_\_\_\_\_

Principle Purpose of Organization: \_\_\_\_\_

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\_\_\_\_\_  
\_\_\_\_\_

Contact Person:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Email: \_\_\_\_\_

GRANT PROJECT OR PROGRAM

1. Title: \_\_\_\_\_



