



Please complete a Grant Request Form if you or your organization are looking for funding.

What Would Bri Do, Inc will:

- Determine if this grant aligns with our philosophy:
"We honor the memory of BriAnna by striving to always be kind, helpful, and compassionate. We lend an ear to a person who needs it, help out our community in any way we can, or simply offer a reassuring smile to brighten someone's day. We try to love others without judgment, and remember to be a force for positivity in the world."
- Check application for completeness.
- Contact you or your organization with any questions.
- Tell you when your request will be reviewed by WWBD, Inc.
- Notify you whether or not your request is approved.

Completed applications received this month will be reviewed next month; those received next month will be reviewed the following month. Grants may be disbursed in the month of approval or thereafter.

WWBD, Inc also provides gift cards or certificates to applicants and prefers to provide cash assistance directly to your vendor. If seeking assistance to pay a supplier or vendor please provide their contact information in your description of request. We do not expect repayment in any form.



GRANT REQUEST APPLICATION

Today's Date ___/___/___

Total Requested \$ _____

Date Requesting ___/___/___

Applicant's Name
Street Address
City, State, Zip Code
Phone Number and Email

If requesting for an organization, please complete this section:

Organizations Name
Contact Name, Phone Number & Email
Street Address
City, State, Zip Code
Organization's Social Media Information



DESCRIPTION OF REQUEST

Please provide a brief describe of your grant request. Attach additional sheets if needed.



AUTHORIZATIONS

- WWBD, Inc may contact any individuals or organizations listed in this application for purposes of fulfilling any grant request.
- WWBD, Inc may disclose the names or applicants and any details of the grant request to the general public by any form of media.
- WWBD, Inc may also request photos to be used for media purposes. If children are in the photos, parents must also sign giving consent at time of submitting photos.

Applicant Signature: _____

Printed Name: _____

Date: ___/___/_____

HOW DID YOU HEAR OF WWBD, INC?

RETURN COMPLETED APPLICATIONS TO:

WWBD, Inc
334 Pine Ridge Rd
Sartell, MN 56377
info@wwbdinc.org