The Walter Goedel Foundation was established in 2013 after the passing of Walter H. Goedel. Walter was very generous with his time and resources. He believed in giving back to the community, and a top priority was the youth.

The Walter H. Goedel trust was created to accomplish his charitable objectives, which include the general welfare of the greater Wadena, Minnesota area, including promoting quality education and cultural, wellness, recreational, social and civic opportunity and to benefit the community served.

The Foundation is made up of five members of the community; including the mayor of Wadena, the superintendent of schools for WDC and the administrator of Tri-County Health Care along with two community members at large. Grant requests will be administered by the Foundation Board.

The Foundation will accept applications semi-annually, to make grant awards at the second and fourth quarterly meetings of the Foundation Board. Application deadlines are as follows:

**APRIL 1 or OCTOBER 1 of the current year**

All applications must include this cover page and enclosed completed application form.

**Eligibility:**
1. Educational programs, events, equipment, or construction projects.
2. Organizations applying for funds must serve residents in the Wadena area.
3. Grants are restricted to nonprofit organizations which have a 501(c)(3) tax exempt status from the Internal Revenue Service or governmental organizations.

**Criteria:**
1. To support community based educational programs that contribute to the quality of life in the Wadena area.
2. To support events, which strengthen community awareness related to wellness.
3. To introduce projects, which benefits the community at large.
4. To support non-operational expenses of well-established organizations. The Foundation operates without discrimination as to race, age, religion, sex, or national origin in the consideration of grant requests, and will award grants only to organizations, which do not discriminate as to race, age, religion, sex, or national origin.

**Restrictions:**
1. Grants are not made to support operating expenses of well-established organizations or in response to annual fund drives for sustaining support.
2. Grants are not made to establish or add to endowment funds.
3. Grants are not made to individuals for external scholarships.

**Requirements:**
1. Completed application form.
2. Detailed budget showing how requested funds would be spent.

**Notification:**
The Walter Goedel Foundation, will make notification of grant approval. Inquiries may be made by calling: (218) 632-8777, fax: (218) 631-7503 by writing: Walter Goedel Foundation, c/o Tri-County Health Care, Attn: Holly Weller, 415 Jefferson St N, Wadena, MN 56482.
### PROFILE INFORMATION:

<table>
<thead>
<tr>
<th>Applicant Organization</th>
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<tbody>
<tr>
<td>Street Address</td>
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<td>City</td>
<td>State</td>
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<tr>
<td>Contact Person</td>
<td>Title</td>
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<td>Telephone</td>
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Tax Status: 501 (c)(3) Governmental Organization

### PROJECT DESCRIPTION:

<table>
<thead>
<tr>
<th>Project Title</th>
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<tbody>
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<tr>
<td>Statement of Project Purpose</td>
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<th>Event</th>
<th>Educational Program</th>
<th>Equipment</th>
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<td>Project End Date:</td>
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<tr>
<td>Amount Requested</td>
<td>Total Project Cost:</td>
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<td>Other Revenue Sources</td>
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Specific Objectives:
ATTACHMENTS:

In addition to this application, please attach the following:

1. Detailed budget showing how requested funds will be spent, including other supporting revenue source.
2. Copy of IRS tax-exempt letter if appropriate.

CERTIFICATION:

In submitting this application, the applicant agrees that it will spend funds solely for the purposes stated in the application and will refund the unexpended portion of such funds, if any. The applicant will provide a final summary, in writing, at the end of the project to the Foundation Board. In addition, the applicant will not discriminate as to race, age, religion, sex, or national origin.

________________________________________  ________________________________
Authorized Signature                       Date

________________________________________
Title