



SUB-GRANT APPLICATION COVER SHEET

Xcel Energy Renewable Development Fund – MnSCU Block Grant

ORGANIZATION INFORMATION

Organization Name: _____

Employer Identification Number (EIN): _____

Physical Address: _____

(Street)

(City)

(Zip)

Telephone: _____ Website: _____

CONTACT INFORMATION

Point of Contact Name: _____

Title: _____ Telephone: _____

Email Address: _____

PROJECT INFORMATION

Project Summary (1-2 sentences):

Amount Request: \$ _____

Renewable Energy Area of Focus: _____

Check box if Point of Contact is the Same as Project Director If not, complete the information below for the Project Director.

Project Director Name: _____

Project Director Phone: _____

Project Director Email Address: _____

Signature of Executive Director or Authorized Representative:

Printed Name: _____ Date: ____/____/____