



# GIVING GUIDELINES

## COMMUNITY FOUNDATION

### focus areas

The Cub Cares Community Foundation supports three primary areas:

**Hunger Relief**—To build stronger, healthier communities, the Cub Cares Community Foundation will actively support hunger relief initiatives for those in need.

**Education**—To enhance the success of both individuals and communities, the Cub Cares Community Foundation will support initiatives that create educational opportunities for youth and at-risk populations.

**Health & Wellness**—The Cub Cares Community Foundation will support local programs that directly impact and educate Cub Foods customers to encourage healthy lifestyle choices.

### restrictions

In order to make the greatest impact in fulfilling its mission, the Cub Cares Community Foundation generally does not support:

- Individuals
- Travel or research expenses
- Fees for participation in competitive programs
- Self serving gifts
- Labor organizations
- Lobbying, political or religious programs
- Organizations that are not tax-exempt under section 501(c)(3) of the IRS tax code
- International programs

### how to apply

Applications are available at [www.cub.com](http://www.cub.com). Submissions are not accepted over the telephone. Minnesota common grant applications will also be accepted. Mail your completed forms to:

Cub Cares Community Foundation  
421 South Third Street  
Stillwater, MN 55082

proposal (continued)

Amount of request: \$ \_\_\_\_\_ Number of people served: \_\_\_\_\_

Please check the program area which best describes the grant:  
 Education  Hunger Relief  Other

Population group served:  
Age categories:  
 General Public  
 Youth/Adolescent (age 12 - 18)  
 Female Youth/Adolescent (age 12 - 18)  
 Male Youth/Adolescent (age 12 - 18)

Hispanic  
hood, etc.)

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Cub Cares  
COMMUNITY FOUNDATION  
APPLICATION

MAIL TO: Cub Cares Community Foundation Committee, PO Box 990, Minneapolis, MN 55490

organization

Organization Name: \_\_\_\_\_ Date: \_\_\_\_\_

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

City/State/Zip: \_\_\_\_\_ Title: \_\_\_\_\_

Organization Contact: \_\_\_\_\_

Please enclose the following items; the proposal cannot be processed without them.  
 Copy of 501(c)(3) tax exemption ruling  Current and proposed operating budget

Has Cub Foods or SUPERVALU made previous gifts to your organization:  
 No  Yes Amount: \$ \_\_\_\_\_ Date of last grant: \_\_\_\_\_

Please briefly describe the purpose of the organization.

proposal

Please briefly describe the specific purpose of this request and how it would create a unique partnership with Cub Foods.

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