



Rural Development
Finance Corporation
GROWING COMMUNITIES

2026 Grant Application

Those interested in receiving a grant through the RDFC must work directly with their local cooperative.

Project Information

Project Title: _____

Recipient: _____

Recipient Contact Person: _____

Recipient Phone: _____

Recipient Email: _____

Recipient Mailing Address (include street address, city, state, & zip code):

Request from RDFC: \$ _____ (max. \$2,000 / min. \$1,000)

Total Project Cost: \$ _____ (\$4 in matching funds to \$1 RDFC funds – Member assures matching fund minimums are secured) Example: \$8,000 needed for \$2,000 grant

Project Location (include street address, city, state, & zip code):

Recipient Tax ID Number: _____

Check one:

Community-owned business or facility (i.e. ambulance, hospital, fire district, recreation, community center, etc.)

Community-based project (i.e. service group/club, youth/school programs, etc.)

How will the grant funds be used? (Funds will be used for community betterment and/or economic development projects (i.e. café, grocery store, ambulance services, fire districts, recreation, school/youth projects, or workforce development) Please note that the RDFC does not provide funds for medical fundraising or general operating costs.

Funding Sources:

Local Incentive Funds: \$ _____

State Funds: \$ _____

Federal Funds: \$ _____

City Funds: \$ _____

County Funds: \$ _____

RDFC Member Co-op Funds: \$ _____

Funding from Bank: \$ _____

Requested RDFC Funds: \$ _____

Other: \$ _____

If other, please list other funding source(s): _____

Total (**must equal total project costs listed above**): \$ _____

RDFC Member Information (Utility Cooperative to fill out)

RDFC Member Cooperative: _____

Member Contact Person: _____

Title: _____

Phone: _____

Email: _____

Mailing Address: _____

Signature of RDFC Authorized Member

Date

RDFC Member Cooperative please return signed application to the RDFC