



GRANT APPLICATION

ORGANIZATION INFORMATION

Name of Organization

Address *City, County, State, Zip*

Phone *Fax* *Federal Tax ID Number*

Name of Contact Person Regarding this Application *Title*

Contact Phone Number *Contact Email*

Tax Status:

- 501(c)(3)* Public Agency (government created)
 Unit of Government Other (describe and attach appropriate documentation)

****Please attach a copy of your IRS Determination letter, indicating your organizational status.***

If you plan to use a fiscal agent please include contact information below, including their Federal Tax ID Number. Note that the Fiscal agent must sign the grant agreement and accept oversight of the project.

Signature of Fiscal Agent

PROPOSAL INFORMATION

Project Title: _____

Project Start Date: _____ Estimated Project End Date: _____

Please give a 2-3 sentence summary of the request:



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Indicate the projected number to be served by your project: _____

Project Focus (please visit www.investinnicollet.org for more information):

_____ Education _____ Culture _____ Recreation _____ Aesthetics _____ Civics

Amount Requested: \$ _____ Total Project Cost: \$ _____

PROPOSAL NARRATIVE

Provide a brief narrative that answers each of the following points. This narrative should be less than two pages and include:

Project Description – Include purpose and objectives.

Funding – What is the specific purpose of the funds requested from GNACF? Are other sources of funds being pursued?

Project Objectives – List the specific and measurable outcomes of the project. State the impact to the community.

Methods – How are you going to accomplish the goals and objectives? What combination of activities and strategies have you selected to bring about the desired results? Why did you select this approach, given all of the possible approaches?

Evaluation – How will you measure your results?

Budget – Please fill out the attached budget page.



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CERTIFICATION

Agreement: In submitting the application, the applicant agrees to the following:

1. Funds will be spent solely for the purposes stated in the application. The applicant will refund any unused dollars. In addition, the applicant will submit a final report, within 6 months of completion of the project, in a format provided by the GNACF, including a financial statement documenting the expenditure of the grant.
2. The applicant understands that the Foundation, in reviewing the grant application, may consult with advisors of the Foundation's choosing, if deemed necessary.
3. The applicant will recognize the Foundation in all appropriate publicity connected to the applicant program.
4. The applicant understands that by submitting this application to the Foundation for review, a grant is not guaranteed.

I certify that the information contained in this grant application is true and correct to the best of my knowledge. I have the authority to apply for the funds requested.

Name (please print):	
Signature :	
Date:	



GRANT SUBMISSION

If you have any questions, please contact:

- Sue Keithahn, GNACF President at 612-210-4643 or
- Jan Renne, GNACF Vice President and Secretary at 507-327-5535

Please submit the completed application to:

Greater Nicollet Area Community Foundation
c/o Sue Keithahn
PO Box 416
Nicollet, MN 56074

For Office Use Only	
Date Received:	
Date Reviewed by Board:	
Amount Awarded from General Endowment:	
Amount Awarded from Education Endowment:	
Date Decision Communicated to Requestor:	
Date Project was Completed:	
Progress Report Received (if applicable):	



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BUDGET

INCOME	
Source:	Amount
Greater Nicollet Area Community Foundation	\$
Other Community Organizations (i.e. Lions)	\$
Individual contributions	\$
Value of in-kind support (good/services instead of cash)	\$
Other - describe	\$
	\$
Total Income	\$

EXPENSES	
Consultants and professional fees	\$
Equipment	\$
Supplies	\$
Printing and copying	\$
Postage	\$
Other – describe	\$
	\$
	\$
Total Expenses	\$
DIFFERENCE (Income less Expenses)	\$