

NORTHWEST MINNESOTA FOUNDATION GRANT APPLICATION

ORGANIZATION INFORMATION

Organization: Click here to enter text.

Address: Click here to enter text.

City: Click here to enter text. **State:** Click here to enter text. **ZIP:** Click here to enter text.

Contact person and title: Click here to enter text.

Telephone: Click here to enter text. **E-mail:** Click here to enter text.

IRS tax exempt status: Public 501(c)(3) **Federal I.D. Number:** Click here to enter text.

Northwest Minnesota Foundation Grant Number: Click here to enter text.

FINANCIAL INFORMATION

Total cost: \$Click here to enter text. **Amount requested from NMF:** \$Click here to enter text.

Other funding sources leveraged for this proposal:

Funding Partner(s)	Amount	Pending or Committed	Date of Commitment

PROPOSAL INFORMATION

Proposal title: Click here to enter text.

Proposal start date: Click here to enter text. **Proposal end date:** Click here to enter text.

Proposal goals (3-4 sentences): Click here to enter text.

Geographic area served by the proposal: Click here to enter text.

- Grant program category (check one)**
- Childcare Grant Program
 - Children and Families Grant Program
 - Communities Thrive Grant Program
 - Housing Grant Program

- Innovation Grant Program
- Technical Assistant Grant Program

ORGANIZATION INFORMATION

Who are you? Please describe your organization's history, mission, current and/or future programs. Please limit to less than one page.

PROPOSAL NARRATIVE

What is the problem? Please describe the problem, issue, or opportunity this proposal will address. Include supportive research, stories from the community, and describe how this issue relates to Northwest Minnesota Foundation priorities and programs. Please limit to less than one page.

What is your solution? How will your proposal address the issues you describe above? Please include your target audience, geographic area, potential partners, and sustainability. Please limit to less than three pages.



EVALUATION

How will you track progress toward your goal? Please describe your evaluation plan for this proposal. Be sure to include outcomes, specific objectives, staff or groups responsible, timelines, and documentation sources to track progress. If the proposal serves more than one “Outcome or Goal Statement”, then copy the entire table and paste below the current table. To add more rows for additional “Objectives or Activities” to the table, click outside the right end of the last column and press the “Enter” key. Evaluation instructions and examples are included in your grant invite email, or can be obtained by contacting NMF grants staff.

Outcome or Goal Statement	Objectives or Activities	Timeline	Responsible Party	Documentation

BUDGET INFORMATION

How will the grant be used? Please complete the budget table below to show the intended use of the grant and matching funds.

	NMF Grant Request (\$)	Cash Match (\$)	In-Kind Match (\$)	Total (\$)
Personnel				
<i>Salaries & Wages</i>				
<i>Fringe Benefits</i>				
Consultants & Contract Services				
Non-Personnel				
<i>Space Costs</i>				
<i>Rental, Lease, or Equip. Purchase</i>				
<i>Technology Related Purchases</i>				
<i>Consumable Supplies</i>				
<i>Travel</i>				
<i>Telephone</i>				
<i>Evaluation (not to exceed 5% of total project cost)</i>				
<i>Other Costs (provide details)</i>				
Total Costs				

Budget Explanation – Please provide comments below for each line item to explain how the grant request and matching funds will be used.

AUTHORIZATION TO SUBMIT GRANT APPLICATION

To digitally sign this document: Please enter your full name to complete the authorization process; insert a digital signature; or print, sign, and scan the document. Be sure to check the box below authorizing the grant submission.

Authorization

I certify that the above information and the statements contained herein or attached hereto are true and accurate to the best of my knowledge. I further authorize the Northwest Minnesota Foundation to verify the submitted information by contacting any individual or organization deemed to have knowledge of the proposal. You have the right to submit signatures using a paper hard copy (ESIGN Act Sec. 101).

I agree.

I agree.

[Click here to enter text.](#)

Signature of applicant agency executive

[Click here to enter text.](#)

Signature of applicant agency board chairperson

[Click here to enter text.](#)

Date

[Click here to enter text.](#)

Date

REQUIRED SUPPORTING DOCUMENTATION

In addition to the completed application, please be sure to include:

- ✓ Signatures (as requested in this application form)
- ✓ Completed application (all sections)
- ✓ Financial statements from your most recently completed fiscal year
- ✓ Organization's overall annual budget for the current year
- ✓ Letter(s) from other funding sources
- ✓ Letters of support from community partners
- ✓ List of board members and their affiliations
- ✓ Brief description of key staff, including qualifications
- ✓ Governing body minutes authorizing submission of application
- ✓ 501(c)(3) IRS determination letter for non-profit organizations
- ✓ Copy of registration with the Minnesota Attorney General Office under the Charitable Solicitation Law for non-profit organizations

Submit Your Application

Once all items are gathered, please submit your application and all attachments by email to the proper program contact below:

Childcare Grant Program Contact

Missy Okeson, Program Officer missyo@nwmf.org 218-759-2057

Children and Families Grant Program Contact

Karen White, Chief Innovation Officer karenw@nwmf.org 218-759-2057

Communities Thrive Grant Program Contact

Nate Dorr, Sr. Program Officer nated@nwmf.org 218-759-2057

Housing Grant Program Contact

Robert Maher, Program Officer robertm@nwmf.org 218-759-2057

Innovation Grant Program Contact

Karen White, Chief Innovation Officer karenw@nwmf.org 218-759-2057

Technical Assistance Grant Program Contact

Nate Dorr, Sr. Program Officer nated@nwmf.org 218-759-2057