

**Grant Application**

**Date of Application** \_\_\_\_\_ **Amount Requested** \$ \_\_\_\_\_

**TYPE OF REQUEST**

**This request is for:**     General Operating Support                       Capital                       Other  
     In-Kind                       Operating                       Project/Program

Program/Project Title: \_\_\_\_\_

**ORGANIZATIONAL INFORMATION**

Organization name: \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ ST \_\_\_\_\_ Zip \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_ email \_\_\_\_\_

Executive Director \_\_\_\_\_ Telephone \_\_\_\_\_

Name/Title of contact person \_\_\_\_\_ Telephone \_\_\_\_\_

**TYPE OF ORGANIZATION**



Type of Organization     Emerging/Start up     Government     Other (Specify) \_\_\_\_\_

Is your organization tax exempt under 501 c (3)     Yes  NO                      501 c (3) # \_\_\_\_\_

Annual organization Budget for current year    \$ \_\_\_\_\_

**BUDGET**

Annual Budget of Specific Program for which Funds are Requested.    \$ \_\_\_\_\_

**Percent of Contributions Dispersed:**

	%	%	%	%
Programs		Education	Fundraising	Management Expenses

**Geographic Area**

Osceola, WI     Spirit Lake, IA     Roseau, MN                       Vermillion, SD                       Wyoming, MN  
 Other (please specify) \_\_\_\_\_

\_\_\_\_\_  
 Signature of Board Chair or Authorized Designee                      Date

**Staff**

Staff composition in numbers

	Professional	Support			
Paid Full-time	_____	_____	Paid part-time	_____	_____
Volunteers	_____	_____	Interns	_____	_____
Other	_____	_____	Totals	_____	_____

**Time frame in which the funds will be used:**

From: \_\_\_\_\_ to: \_\_\_\_\_

**Summarize the purpose of your request** (5 sentences or fewer)


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**Summarize the organization's mission** (2-3 sentences)

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**How will you measure the effectiveness of your activities?**

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What is the future of the program or project beyond the grant period?

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List other private and funding sources for this particular request.

Funding sources-to date	Amount	Date received
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Funding sources-pending	Amount	Date received
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**Organizational Budget** (last fiscal year) Expenses \$ \_\_\_\_\_ Revenues \$ \_\_\_\_\_

**ORGANIZATION INCOME**

**FISCAL YEAR:** \_\_\_\_\_

<u>Source</u>	<u>Amount</u>
<i>Support</i>	
Government grants	\$ _____
Foundations	\$ _____
Corporations	\$ _____
United Way or other federated campaigns	\$ _____
Individual contributions	\$ _____
Fundraising events and products	\$ _____
Membership income	\$ _____
In-kind support	\$ _____
Investment income	\$ _____
 <i>Revenue</i>	
Government contracts	\$ _____
Earned income	\$ _____
Other (specify)	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
<b>Total Income</b>	<b>\$ _____</b>

**ORGANIZATION EXPENSES**

**FISCAL YEAR:** \_\_\_\_\_

<u>Item</u>	<u>Amount</u>
Salaries, wages and benefits	\$ _____
Insurance and/or other taxes	\$ _____
Consultants and professional fees	\$ _____
Travel	\$ _____
Equipment	\$ _____
Supplies	\$ _____
Printing and copying	\$ _____
Telephone and fax	\$ _____
Postage and delivery	\$ _____
Rent and utilities	\$ _____
In-kind expenses	\$ _____
Depreciation	\$ _____
Other (specify)	\$ _____
_____	\$ _____
_____	\$ _____
<b>Total Expense</b>	<b>\$ _____</b>
<b>Difference (Income less Expense)</b>	<b>\$ _____</b>

Program/Project Budget (if applicable) \$ \_\_\_\_\_

**PROGRAM/PROJECT INCOME**

**Fiscal Year:** \_\_\_\_\_

<u>Source</u>	<u>Amount Committed</u>	<u>Amount Pending*</u>
<i>Support</i>		
Government grants	\$	
Foundations	\$	
Corporations	\$	
United Way or federated campaigns	\$	
Individual contributions	\$	
Fundraising events and products	\$	
Membership income	\$	
In-kind support	\$	
Investment income	\$	
<i>Revenue</i>		
Government contracts	\$	
Earned income	\$	
Other (specify)	\$	
	\$	
<b>Total Income</b>	<b>\$</b>	

\*Note: Pending sources of support include those requests currently under consideration. Please indicate anticipated decision date

**PROGRAM/PROJECT EXPENSES**

<u>Item</u>	<u>Amount</u>	<u>%FT/PT</u>
Salaries and wages (break down by individual position and indicate full- or part-time.)	\$	
	\$	
	\$	
	\$	
SUBTOTAL	\$	
Insurance, benefits and other related taxes	\$	
Consultants and professional fees	\$	
Travel	\$	
Equipment	\$	
Supplies	\$	
Printing and copying	\$	
Telephone and fax	\$	
Postage and delivery	\$	
Rent and utilities	\$	
In-kind expenses	\$	
Depreciation	\$	
Other (specify)	\$	
<b>Total Expense</b>	<b>\$</b>	
<b>Difference (Income less Expense)</b>		