

Staples-Motley Area Community Foundation

A Component Fund of the Initiative Foundation

PROJECT FUNDING APPLICATION

Instructions: Before completing this application, please review the Fund Name grant guidelines for more information about our funding priorities and typical grant award.

Completed applications should be submitted:

Online at: Fund Name Website/Grants:

By Mail:

Staples-Motley Area Community

c/o Initiative Foundation

405 First St SE

Little Falls, MN 56345

1. Complete and include ONE ORIGINAL of the enclosed:

- Grant Application Cover Sheet
- Project Narrative
- Project Budget Form
- Attach a copy of your 501(c)(3) IRS Determination letter (if applying as a nonprofit organization)
- Attach a roster of the group's officers contact information

Please maintain a copy of this completed form for your records, as you will need to refer to it for progress reporting.

Office Use Only:

Date Received: _____

Received By: _____

Amount Requested: _____

Grant Approved: YES NO

Amount Approved: _____

Date Approved: _____

Final Report Due On: _____

Final Presentation Made On: _____

GRANT APPLICATION - COVER SHEET

Date of application: _____ Application submitted to: _____

Organization Information

Name of 501 (c)(3) Organization or Public Agency _____ Employer Identification Number (EIN) _____

Address (include PO Box and physical address if applicable) _____ City, State, Zip _____

Phone _____ Fax _____ Web site _____

Name of Top Paid Staff Person*	Title	Phone	E-mail
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Name of Contact Person Regarding this Application	Title	Phone	E-mail
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Is your organization an IRS 501(c)(3) not-for-profit? Yes No
 If no, is your organization a public agency/unit of government or school? Yes No
 If you answer "No" to both of these questions, check with funder for details on using a fiscal agent, and list the name and address of that fiscal agent.

Please provide a brief history of your organization and its mission.

Proposal Information

Project Title: _____

Geographic area served: _____

Does this project benefit residents within the geographic area of the Staples-Motley Area Community Foundation?
 Yes No

Population served: _____

Project start date: _____ Project end date: _____

Budget

Dollar amount requested:	\$ _____
Total project budget:	\$ _____
Total annual organization budget for the applicant:	\$ _____

*The grants committee reserves the right to request a copy of the complete annual organizational budget should they deem the information necessary in making a final recommendation on the grant.

Authorization

Name and title of top paid staff or board chair: _____

Signature and Date: (Must be original) _____

GRANT APPLICATION

Project Narrative

- A. **WHAT** is your proposed project?

- B. **HOW** does this project address the priorities of the Staples-Motley Area Community Foundation?

- C. **HOW** did your community determine the need for this project?

- D. **WHY** is this project important and how does it improve or affect your community?

- E. **WHO** will carry out this project? (The final report will ask you to report on number of paid staff, volunteers and consultants involved in this project.)

List any consultants being used.

- F. **HOW** will you publicize that this project was funded, in part, by Staples-Motley Area Community Foundation?

Financials

- G. **WHAT** will the proposed Staples-Motley Area Community Foundation funds be used for?

- H. **WHAT** other funds or assets will be used to support your project (secured and unsecured)?

- I. **HOW** will you financially support this project beyond this grant period?
(skip this question if this is a short-term, one-time project)

- J. Will any Fund Name funds be spent/used outside of the Staples-Motley Area Community Foundation **geographic region**? If so, why?

Goals & Outcomes

- K. **WHAT** are the overall outcomes your project strives to accomplish?

- L. **HOW** will this project be evaluated and by whom?

- M. **WHAT** additional information should we know/consider in reviewing this application?

GRANT APPLICATION – PROJECT BUDGET

If necessary, please attach a budget narrative explaining your numbers.

INCOME

<u>Source</u>	<u>Total Project</u>
Government grants	\$
Foundations	\$
Initiative Foundation Funds	\$
Corporations	\$
United Way or other federated campaigns	\$
Individual contributions	\$
Fundraising events and products	\$
Membership income	\$
In-kind support	\$
Investment income	\$
Government contracts	\$
Earned income	\$
Other (specify)	
	\$
	\$
	\$
	\$
	\$
Total Income	\$

EXPENSES

<u>Item</u>	<u>Total Project</u>	<u>Grant Funds*</u>
Salaries and wages	\$	\$
Insurance, benefits and other related taxes	\$	\$
Consultants and professional fees	\$	\$
Travel	\$	\$
Equipment	\$	\$
Supplies	\$	\$
Printing and copying	\$	\$
Telephone/fax/internet	\$	\$
Postage and delivery	\$	\$
Rent and utilities	\$	\$
In-kind expenses (must equal in-kind support)	\$	\$
Other (specify)		
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$
Total Expense	\$	\$
Difference (Income less Expense)	\$	\$

*Grant funds will not typically exceed 50% of total project cost.