

**NOTE – please use  
the NMF logo or the  
logo for your fund**



## GRANT APPLICATION

### ORGANIZATION INFORMATION

Name of Organization

Address

City, County, State, Zip

Federal Tax ID Number

Phone

Website

Name of Contact Person Regarding this Application

Title

Phone

E-mail

Tax Status:

- |   |  |
|---|--|
| <input type="checkbox"/> 501(c)(3)*         | <input type="checkbox"/> Public Agency (government created)                    |
| <input type="checkbox"/> Unit of Government | <input type="checkbox"/> 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  
Fiscal agent must sign grant agreement and accept oversight of the project.*

### PROPOSAL INFORMATION

Project Title

Project Duration (Start/End Date)

Please give a summary of request

Population demographic to be served by the project

# Affected Population

\$

\$

Total Project Cost

Amount Requested

If you have any questions, please contact: \_\_\_\_\_

Completed applications should be mailed to: \_\_\_\_\_

*This fund is a partner fund in the NMF family of funds.  
NMF believes Northwest Minnesota offers boundless opportunities.  
Our strength is connecting people, places, and possibilities.*

## AUTHORIZATION

*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 of Executive Director, Board Chair or committee chair: \_\_\_\_\_

Signature of paid staff or volunteer staff or board chair: \_\_\_\_\_ Date: \_\_\_\_\_

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PROPOSAL DESCRIPTION	
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*(Please limit information to this sheet. Do not submit additional materials unless requested.)*

1. Which Priority Area or Areas of the \_\_\_\_\_ Fund does this project address:
2. How will your project address the priority area(s) indicated above?
3. Who will help you? (Discuss the role of any collaborative partners and financial commitments)
4. How will you know if you have been successful?

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### WORK PLAN & BUDGET

A successful applicant may be asked to submit a more detailed budget and work plan outlining project costs and completion targets.

A) How much will your total project cost? \$ \_\_\_\_\_

B) How much are you requesting from the \_\_\_\_\_ Fund? \$ \_\_\_\_\_

C) How much have you received or will you receive from other contributions? (B + C must equal A) \$ \_\_\_\_\_

D) List how this money and other contributions will be spent. (The total of D must equal A) \$ \_\_\_\_\_

E) How many people and hours do you estimate will be spent working on this project?

\_\_\_\_\_ # of people

\_\_\_\_\_ # of hours

F) List any "in-kind" contributions (In-kind contributions are gifts of goods or services instead of cash): \$ \_\_\_\_\_

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