

Grant Application

Applicant Information

Date Submitted _____

Organization Name _____

Organization mailing address _____

City _____ State _____ Zip _____

Organizational Phone Number _____

Organizational Website _____

Contact Person/Position _____

Contact Person Phone Number _____

Email address _____

Additional Organization Information

Is your organization a tax-exempt:

- 501(c)(3) 170(b)(1)(a) description other (e.g. specify fiscal sponsor)

Is your organization name the same as it appears on your IRS Letter of Determination?

- yes no (explain) _____

Organization EIN _____

Organization fiscal year _____ Operational Budget _____

Describe your organization's purpose

Describe how the organization is structured and how it functions on a day-to-day basis

What are the organization's greatest accomplishments and current challenges?

Project/Program Information

Name of Proposed Project/Program _____

Start Date _____ End Date _____ Amount Requested \$ _____

Description of proposed project/program for which funding is sought

Primary area of focus

- Literacy
- Youth and Families
- Economic Development
- Other _____
- Leadership
- Hunger
- Trails/Gathering & Green Spaces
- Autism research or family support
- Shelter

Outline your connection to the Destiny Drivers. Please refer to nracfoundation.com for more information.

Who will be principally responsible for implementation?

Are there any other organizations participating in this project? Describe the community support for the project.

Indicate the desired impact and how you will measure and evaluate the effectiveness of the project.

Budget Detail

What specifically will the funds from the NRACF be used for? Itemize below or attach separate page.

Item	Cost
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
Total amount requested	\$ _____

Total Project Cost \$ _____ How will the remainder of the cost be funded?

Source of funding/organization name	Amount		
_____	\$ _____	<input type="checkbox"/> secured	<input type="checkbox"/> pending
_____	\$ _____	<input type="checkbox"/> secured	<input type="checkbox"/> pending
_____	\$ _____	<input type="checkbox"/> secured	<input type="checkbox"/> pending
_____	\$ _____	<input type="checkbox"/> secured	<input type="checkbox"/> pending

Authorization

The undersigned approve submission of the proposal. The organization agrees to spend any funds awarded as described in this proposal. The organization is current on its required Form 990 and/or financial filings, and will provide copies of financial statements and Form 990 upon request. We will report on the results of the project, actual project cost and expenditures.

Signature of primary contact _____ Date _____

Signature of Board Chair* _____ Date _____

Printed Name, including title if not Chair _____

*All applications from the New Richmond School District must be signed by the District

Administrator in place of the Board Chair:

NR Schools District Administrator signature _____ Date _____

Submission checklist complete with attachments

Grant Application checklist and attachments:

- Application must be received by 7:00 PM on the deadline date
- Submit electronic copy of the Grant application with contact information
- Include a list of your organization's Board of Directors or Advisory Board
- Include copy of IRS letter of determination of 501(c)(3) or 170(b)(1)(a) status
(not required of submissions from NR School District)
- Additional pages to supplement application _____