



# Mountain Lake Area Foundation

*An Affiliate of Southwest Initiative Foundation*

## GRANT APPLICATION

Grant # FY \_\_\_\_\_

### Applicant Information

<b>Name of Organization/Grantee</b>	
<b>Federal Tax Exempt ID#</b> We MUST have this number. If you, the applicant, are not a 501(c)(3) organization, a unit of government or a public agency, this number should be the number of a "fiscal sponsor." What is a fiscal sponsor? See page 2 for more information.	Tax ID # _____  We are a 501(c)(3), a unit of government or a public agency We are using a fiscal sponsor (see page 2)
<b>Contact Name</b>	
<b>Title</b>	
<b>Mailing Address</b>	
<b>City, State ZIP</b>	
<b>Phone and Fax</b>	
<b>Email</b>	
<b>Website</b>	

### Tax Status (please select appropriate type)

<input type="checkbox"/>	501(c)(3) Public Charity	<input type="checkbox"/>	Public Agency
<input type="checkbox"/>	Unit of Government	<input type="checkbox"/>	Other (please describe and attach appropriate documentation)

**Complete the Fiscal Sponsor Information only if you, the applicant, are not a 501(c)(3) public charity, a unit of government or a public agency.**

Due to IRS regulations, your application will require a “fiscal sponsor” partnership. A fiscal sponsor is a non-profit entity (i.e. a 501(c)(3) public charity, a unit of government or a public agency) that accepts responsibility for the project/activities of an organization that does not have tax-exempt status, but whose project clearly demonstrates a public benefit.

You, the applicant, are responsible for understanding fiscal sponsorship and securing your local fiscal sponsor prior to application to the community foundation. If your project or idea will result in a tangible asset and/or capital improvement, the entity that ultimately owns (or will own) that tangible asset needs to be your fiscal sponsor. For example, the City would need to be the fiscal sponsor for a grant related to new playground equipment located in a city-owned park.

**Fiscal Sponsor Information (if applicable)**

<b>Name of Organization</b>	
<b>Federal Tax ID # (required)</b>	
<b>Mailing Address</b>	
<b>City, State ZIP</b>	
<b>Website</b>	
<b>Contact Name with this Organization</b>	
<b>Contact Title</b>	
<b>Contact Phone</b>	
<b>Contact Email</b>	
<b>Signature</b>	

**Proposal Information**

<b>Project Title</b>			
<b>Project Start Date</b>		<b>Project End Date</b>	
<b>Provide a brief summary of the request (150 words or less):</b>			
<b>Counties served by this project:</b>			
<b>Indicate the projected number to be served by your project:</b>			
<b>People</b>	<b>Agencies</b>	<b>Businesses</b>	<b>Communities</b>
<b>Amount Requested: \$</b>		<b>Total Project Cost: \$</b>	

## Proposal Narrative

Provide a brief narrative that addresses each of the following points. Submit one original and one copy of your proposal. This narrative should include the following:

1. **Organizational History:** Briefly describe your organization. Attach a copy of your IRS Determination Letter or documentation from your fiscal sponsor as outlined on page 2.

2. **Program Goals:** What do you hope to accomplish through the project? What is the focus?

3. **Methods:** How are you going to accomplish the goals? What combination of activities and strategies have you selected to bring about the desired results? Why did you select this approach?

4. **Evaluation:** How will you measure your results/impact?

5. **Budget:** Please complete the attached budget on page 6 of this grant application. In addition, you may wish to provide a budget narrative, detailing the items on the budget page (i.e. a consultant hired for 200 hours at \$75/hour).

<b>Budget</b>	
<b>*A. How much will your total project cost?</b>	\$ _____
<b>*B. How much are you requesting from the Community Foundation?</b>	\$ _____
<b>*C. Describe how the money from the community foundation (in Item B) would be used.</b>	
<b>*D. How much have or will you receive from others?</b>	\$ _____
<b>*E. Describe how the money from others (in Item D) would be used.</b>	
<b>F. How many hours do you estimate that people will spend working on this project?</b>	
<b>F. List any "in-kind" contributions</b> ( <i>in-kind contributions are gifts of goods/services instead of cash</i> )	

<b>Authorization</b>
<i>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 dollars requested.</i>
Name of top paid staff or board chair: _____ Title: _____
Signature: _____ Date: _____

<b>Submit your Completed Application to:</b>
Mountain Lake Area Foundation PO Box 123 Mountain Lake, MN 56159