



WABASHA-KELLOGG AREA COMMUNITY FOUNDATION GRANT APPLICATION

ORGANIZATION INFORMATION

Name of Organization _____

Address _____

City, County, State, Zip _____

Federal Tax ID Number _____

Phone _____

Fax _____

Web site _____

Contact Person Regarding this Application _____

Title _____

Phone _____

E-mail _____

Tax Status:

501(c)(3)*

Public Agency (government created)

Unit of Government

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.

Signature of Fiscal Agent

PROPOSAL INFORMATION

Project Title: _____

Project Start Date: _____ Project End Date: _____

Please give a 2-3 sentence summary of request:

Population Served by the project: _____

Indicate the projected number to be served by your project:

_____ People _____ Agencies _____ Businesses _____ Communities

Amount Requested: \$ _____ Total Project Cost: \$ _____

PROPOSAL NARRATIVE

Provide a brief narrative that answers each of the following points. This narrative should be less than two pages and include:

Organizational History – Briefly describe your organization. Attach copy of IRS Determination letter, if applicable.

Program Goals – What does the project hope to accomplish? What is your focus?

Program Objectives – These are the clear, specific, and measurable outcomes of the project. State the who, what, where, and when.

Methods – How are you going to accomplish the goals and objectives? What combination of activities and strategies have you selected to bring about the desired results? Why did you select this approach, given all of the possible approaches?

Evaluation – How will you measure your results?

Budget – Please fill out the attached budget page. In addition, provide a budget justification, detailing the items listed on the budget page (i.e. consultant hired for 200 hours at \$25/hour). The more specific you are the better.

Area served – Describe your coverage area and the regions that will be served by this project.

If you have any questions, please contact a WKACF Board member. Contact information is available on our web site.

Please submit the completed application to:

Wabasha-Kellogg Area Community Foundation
PO Box 268
Wabasha, MN 55981

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 and title of top paid staff or board chair: _____

Signature of top paid staff or board chair: _____

Date: _____

BUDGET

A. How much will your total project cost? _____

B. How much are you requesting from the Wabasha-Kellogg Area Community Foundation?

C. How much have you or will you receive from other contributors? _____

(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 hours do you estimate that people will spend working on this project?

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

