

## GRANT APPLICATION

### ORGANIZATION INFORMATION

Name of Organization \_\_\_\_\_

Address \_\_\_\_\_

City, County, State, Zip \_\_\_\_\_

Federal Tax ID Number \_\_\_\_\_

Phone \_\_\_\_\_

Fax \_\_\_\_\_

Web site \_\_\_\_\_

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) \_\_\_\_\_

Is it geographically within Thief River Falls School District? \_\_\_\_\_

Yes  No

Have you been awarded TRF Area Community funds previously? \_\_\_\_\_

Yes  No

Please give a summary of request \_\_\_\_\_

Population demographic to be served by the project \_\_\_\_\_

# Affected Population \_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

Total Project Cost \_\_\_\_\_

Amount Requested from the TRF Area Community Fund \_\_\_\_\_

If you have any questions, please contact Stacey Hron of the Thief River Falls Area Community Fund @ [TRFACF@trfcommunityfund.org](mailto:TRFACF@trfcommunityfund.org)

Completed applications should be mailed to: Thief River Falls Area Community Fund  
PO Box 43, Thief River Falls, MN 56701

### 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  volunteer staff  board chair: \_\_\_\_\_

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

## PROPOSAL DESCRIPTION

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

1) Please describe the opportunity, challenge, issue or need that your proposal addresses.

2) How will your project address the above situation? What do you hope to accomplish? Please explain the specific and measurable outcomes of the project. Finally, how will you measure your results?

3) Describe your Organization and discuss the role of any collaborative partners and financial commitments.

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 Thief River Falls Area Community 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

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

G) Method. How are you going to accomplish the goals & objectives?