



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) educational agency governmental agency pending approval
- 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?

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 4:00 p.m. on the deadline date
- Submit one original copy of the Grant application, with original signatures
- 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 _____
- Youth and Families supplemental information – To be considered, programs/projects must
 1. Serve youth and families in the greater New Richmond area, and
 2. Have direct linkage to the Search Institute’s 40 Developmental Assets*:

Describe the nature of your organization’s involvement with children, adolescents, and families if not defined under the organization’s purpose in page 1.

How does this proposed project/program address asset building using Search Institute’s 40 Developmental Assets? List and describe how it will address at least four of the assets.

If you have received previous funding under this initiative, describe any new or enhanced strategies you will use to strengthen, expand or further promote positive youth development.

*Reference: www.search-institute.org/developmental-assets

Lists of assets by age group is available on our web site