

Minot Community Endowment Fund

Grant Application Form

DO YOU QUALIFY FOR A GRANT? *Please mark only one. EIN required.*

Organization is an IRS 501(c)(3) not-for-profit. Federal ID# (EIN): _____

Organization is a unit of government. Federal ID# (EIN): _____

Organization has a written agreement with a fiscal sponsor* who is a 501(c)(3) or government agency.
Sponsor's Federal ID# (EIN): _____

If you cannot mark any of the above, your organization does not qualify for a grant. Please contact your local community foundation representative or NDCF if you need help finding a fiscal sponsor.*

The following items must be included with this application form in order to be considered for a grant:

Nonprofit 501(c)(3) organizations

1. Copy of your 501(c)(3) determination letter (issued by the IRS) **OR**
a copy of your fiscal sponsor's determination letter **and** written sponsorship agreement.
2. List of board or committee members and their employers and/or community affiliations.
3. Project budget, including other sources of funding.
4. Financial statements from your most recently completed fiscal year **OR** organization's most recent 990.
5. List of companies and foundations that you are soliciting for funding **and** dollar amounts, indicating which sources are committed, pending, or anticipated.

Government agencies

1. List of board/committee members.
2. Project budget, including other sources of funding.
3. List of companies and foundations that you are soliciting for funding **and** dollar amounts, indicating which sources are committed, pending, or anticipated.

APPLICANT INFORMATION

Name of Organization or Group Applying for Grant

Mailing Address

City

State

Zip

Primary Contact Person

Title or Role

Phone

Email

FISCAL SPONSOR INFORMATION (IF APPLICABLE)

Name of Fiscal Sponsor - (Organization to receive grant must be 501(c)(3) or government agency)

Mailing Address

City

State

Zip

Fiscal Sponsor Representative

Title or Role

Phone

Email

*Fiscal sponsorship is an arrangement between a 501(c)(3) public charity or unit of government and a project that does not have that tax status, in which the charity receives and expends funds to advance the charitable work of the project while retaining discretion and control over the funds.

AMOUNT REQUESTED & PROPOSAL NARRATIVE

AMOUNT REQUESTED: \$ _____ Would you accept less than the requested amount? _____

PROJECT OR PROGRAM NAME: _____

1.Organization Overview Provide a brief description of your organization, its mission, and activities.

2. Project Description Your description should include: *How will the requested funds be used? How will the community benefit from this charitable project or program? Which geographic area(s) and/or demographic group(s) are served by this project or program? If your organization is located outside of Minot, you must describe how your project or program will specifically serve Minot area residents.* (Section continues on the next page.)

3. Funding Sources List other sources of funding you have already received *only for the project or program listed above*, including private donations & pledges, government funding, AND any other grant requests currently pending.

4. Will this project happen regardless if funding is obtained? Or is the implementation/completion of this project contingent upon funding from this organization?

AUTHORIZATION

Signature

Date

Print name

By signing, I certify that all statements and information provided in this application are true, complete and correct to the best of my knowledge, and are made in good faith. I understand that statements or information furnished on this form are subject to verification and I agree to furnish supporting documents or information when so requested.