

Spring Valley Area Community Foundation

Grant Application

ORGANIZATION INFORMATION

Name of Organization _____

Address _____ Federal Tax ID _____

Phone Number _____ Website _____

Name of Contact Person _____ Title _____

Contact Phone Number _____ Contact 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.***

PROPOSAL INFORMATION

Project Title _____

Project Start Date _____ Project End Date _____

Summary of Project: _____

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 a copy of your 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.

Please submit the completed application to:

Spring Valley Area Community Foundation
c/o Grant Committee
201 South Broadway Avenue
Spring Valley, MN 55975

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 request from The Spring Valley 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):

