



## GRANT APPLICATION COVER SHEET

(Please review the Foundation's "Guidelines for Grants" before submitting an application.)

### CONTACT AND PROFILE INFORMATION:

Applicant Organization: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ Website: \_\_\_\_\_

Project Contact: \_\_\_\_\_

Contact Telephone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Project Title: \_\_\_\_\_ Amount Requested: \_\_\_\_\_

Proposed Start Date: \_\_\_\_\_ Proposed End Date: \_\_\_\_\_

**SUBMISSION REQUIREMENTS:** All applications must include the documentation listed below, as well as provide the information requested in the "Proposal Narrative Guidelines."

1. A copy of your current IRS determination letter indicating charitable tax exempt 501(c)(3) status.
2. A year-end financial statement for the most recently completed year (you may use a copy of your audit; IRS Form 990; or unaudited balance sheet and statement of income and expenses).
3. The organization's (a) current year operating budget, and (b) current year-to-date income and expense statement. You may use the attached Organizational Budget format if you choose.
4. A list of board members and their affiliations (place of employment and/or other relevant community involvement).
5. Indication that this application has been reviewed and endorsed by the governing Board. Where possible, a formal Board resolution to this effect shall be submitted.

**CERTIFICATION:** In submitting this application, the applicant organization agrees to the following:

1. The applicant organization will spend funds solely for the purposes stated in the application and will refund the unexpended portion of such funds, if any. In addition, the applicant will provide interim and final reports as required by the Foundation.
2. The applicant organization agrees that payment of funds granted will be at the convenience of the Foundation, including cancellation of the grant and/or modification of previously agreed upon payment schedules, should such cancellation or modification be deemed necessary by the Foundation.
3. The applicant organization understands that the Foundation, in researching this grant application, may review any and all of the information submitted as part of this request with advisors of the Foundation's choosing, if deemed necessary by the Foundation.
4. The applicant organization has made a determination regarding the applicability of the Minnesota Charitable Solicitation Act (MCSA) and intends to comply with the terms of this Act, if appropriate. MCSA information can be found at [http://www.ag.state.mn.us/pdf/charities/GuidetoCharLaws\\_01.pdf](http://www.ag.state.mn.us/pdf/charities/GuidetoCharLaws_01.pdf)

\_\_\_\_\_  
Name: Executive Director  
(Print or Type)

\_\_\_\_\_  
Signature: Executive Director

\_\_\_\_\_  
(Date)



## PROPOSAL NARRATIVE GUIDELINES

Use the following outline as a guide to your proposal narrative.

1. Cover Letter – Introduces your organization and proposal
2. Proposal Summary – Give a 2-3 sentence summary of this request.
3. Organization Information
  - a) Brief summary of organization history, including date your organization was established.
  - b) Brief summary of organization mission and goals.
  - c) Brief description of organization’s current programs or activities, including a description of the population and communities served, any service statistics, and strengths or accomplishments.
  - d) Your organization’s relationship with other organizations working with similar missions. What is your organization’s role relative to these organizations?
  - e) Number of board members, full-time paid staff, part-time paid staff, and volunteers.
4. Proposed Project or Program Description
  - a) Situation
    - i) The opportunity, challenges, issue or need and the community that your proposal addresses.
    - ii) How the focus was determined and who was involved in that decision-making process.
  - b) Activities
    - i) Overall goal(s) regarding the situation described above.
    - ii) Objectives or ways in which you will meet the goal(s).
    - iii) Specific activities for which you are seeking funds.
    - iv) Who will carry out these activities and what are their qualifications relevant to this project or program.
    - v) Time frame in which this will take place.
    - vi) How the proposed activities will benefit the community in which they will occur, being as clear as you can about the impact you expect to have.
    - vii) Your criteria for success. What will happen as a result of your activities including both immediate and long-term effects?
    - viii) Long-term funding strategies (if applicable) for sustaining this effort.
5. Foundation Goals and Strategies

**If applicable**, describe how the project or program for which a grant is requested addresses one or more of The Saint Paul Foundation’s goals and/or incorporates one or more of the Foundation’s strategies as described in the “Guidelines for Grants.”
6. Project or Program Budget

Present a reasonably detailed project or program budget that shows both sources of income and expense items. Attach a budget narrative explaining your numbers. You may use the attached Project or Program Budget format if you choose.
7. Project or Program Financial Support

Provide a list of approved, pending or denied requests for financial support for the project or program, including the amount received to date for this purpose.



## PROPOSAL CHECKLIST

This Proposal Checklist is provided as a resource to you in the preparation of your proposal and as an aid to Foundation staff in reviewing your proposal.

**Cover Letter**

**Signed Grant Application Cover Sheet**

**Proposal Narrative**

- Proposal summary
- Organization information
- Proposed project or program description
- Foundation goals & strategies
- Project or program budget
- Project or program budget narrative
- Project or program financial support

**Submission Requirements**

- IRS determination letter
- Year-end financial statements
- Organization's current year operating budget
- Organization's current year-to-date income and expense statement
- List of board members
- Governing board review
- Executive Director's signature

**NOTE: AN EVALUATION FORM SHOULD NOT BE SUBMITTED AT THIS TIME.**

## Organization Budget

For the Period \_\_\_\_\_ (mo/yr) to \_\_\_\_\_ (mo/yr)

**This format is optional** and can serve as a guide to budgeting. If you have already prepared an organization budget that contains this information, you may submit it in its original form.

|   | <b><u>INCOME</u></b> |                      |
|---|----------------------|----------------------|
| <b><u>Source</u></b>                    |                      | <b><u>Amount</u></b> |
| <b>Support</b>                          |                      |                      |
| Government grants                       | _____                | _____                |
| Foundations                             | _____                | _____                |
| Corporations                            | _____                | _____                |
| United Way or other federated campaigns | _____                | _____                |
| Individual contributions                | _____                | _____                |
| Fundraising events and products         | _____                | _____                |
| Membership income                       | _____                | _____                |
| In-kind support                         | _____                | _____                |
| Investment Income                       | _____                | _____                |
| <br>                                    |                      |                      |
| <b>Revenue</b>                          |                      |                      |
| Government contracts                    | _____                | _____                |
| Earned income                           | _____                | _____                |
| Other (specify)                         | _____                | _____                |
| _____                                   | _____                | _____                |
| _____                                   | _____                | _____                |
| <b>Total Income</b>                     |                      | \$ _____ -           |

|   | <b><u>EXPENSES</u></b> |                      |
|---|------------------------|----------------------|
| <b><u>Item</u></b>                          |                        | <b><u>Amount</u></b> |
| Salaries and wages                          | _____                  | _____                |
| Insurance, benefits and other related taxes | _____                  | _____                |
| Consultants and professional fees           | _____                  | _____                |
| Travel                                      | _____                  | _____                |
| Equipment                                   | _____                  | _____                |
| Supplies                                    | _____                  | _____                |
| Printing and copying                        | _____                  | _____                |
| Telephone and fax                           | _____                  | _____                |
| Postage and delivery                        | _____                  | _____                |
| Rent and utilities                          | _____                  | _____                |
| In-kind expenses                            | _____                  | _____                |
| Depreciaton                                 | _____                  | _____                |
| Other (specify)                             | _____                  | _____                |
| _____                                       | _____                  | _____                |

## Project or Program Budget

For the Period \_\_\_\_\_ (mo/yr) to \_\_\_\_\_ (mo/yr)

**This format is optional** and can serve as a guide to budgeting. If you have already prepared project or program budgets that contain this information, you may submit them in their original forms. Attach a budget narrative explaining your numbers.

| <u>Source</u>                           | <u>INCOME</u> | <u>Amount</u>     |
|---|---------------|-------------------|
| <b>Support</b>                          |               |                   |
| Government grants                       |               | _____             |
| Foundations                             |               | _____             |
| Corporations                            |               | _____             |
| United Way or other federated campaigns |               | _____             |
| Individual contributions                |               | _____             |
| Fundraising events and products         |               | _____             |
| Membership income                       |               | _____             |
| In-kind support                         |               | _____             |
| Investment Income                       |               | _____             |
| <br>                                    |               |                   |
| <b>Revenue</b>                          |               |                   |
| Government contracts                    |               | _____             |
| Earned income                           |               | _____             |
| Other (specify)                         |               | _____             |
| _____                                   |               | _____             |
| _____                                   |               | _____             |
| _____                                   |               | _____             |
| <b>Total Income</b>                     |               | <b>\$ _____ -</b> |

| <u>Item</u>   | <u>EXPENSES</u> | <u>Amount</u>     | <u>% FT/PT</u> |
|---|-----------------|-------------------|----------------|
| Salaries and wages (breakdown by individual position and indicate full- or part-time) |                 | _____             | _____          |
| _____   |                 | _____             | _____          |
| _____   |                 | _____             | _____          |
| <b>SUBTOTAL</b>   |                 | <b>\$ _____ -</b> | _____          |
| Insurance, benefits and other related taxes   |                 | _____             | _____          |
| Consultants and professional fees   |                 | _____             | _____          |
| Travel  |                 | _____             | _____          |
| Equipment   |                 | _____             | _____          |
| Supplies  |                 | _____             | _____          |
| Printing and copying  |                 | _____             | _____          |