

**NORTHFIELD AREA FOUNDATION
GRANT APPLICATION
Cover Page**

1Northfield Area Foundation, PO Box 802, Northfield, MN 55057

Date Submitted _____

ORGANIZATION _____

FISCAL AGENT (if different than above) _____

CONTACT PERSON _____

EMPLOYER IDENTIFICATION NUMBER (EIN)) _____

ORGANIZATION ADDRESS _____

_____ [City] _____ [State] _____ [Zip Code]
PHONE _____ EMAIL: _____ FAX _____

PROJECT TITLE _____

CONTACT PERSON _____ TITLE _____

PROJECT STARTING DATE _____ PROJECT ENDING DATE _____

AMOUNT REQUESTED FROM NAF _____ TOTAL PROJECT COST _____

PROJECT SUMMARY

Describe your project briefly, including its target audience and how its success will be evaluated. Please keep your description within the space provided.

Has your governing board approved a policy that is non-discriminatory in nature? YES NO

Has your governing board specifically endorsed this project and authorized you to submit this application for funding?

YES NO Date approved by Board _____

CERTIFICATION:

I have read the Northfield Area Foundation Guidelines and the list of Grant Application Questions to which I may be asked to respond in writing or by submitting appropriate forms. I certify that the information contained in this application is true and correct to the best of my knowledge. I further agree, if a grant is awarded our organization, a final written report of the project will be submitted and all unused funds will be returned to the Northfield Area Foundation.

Signature

Date

The form your application takes is far less important than its content. In completing your application, please keep in mind that it will be reviewed by people who may not be familiar with your project or your agency. Be sure your application fully explains your program and what you hope to accomplish. Please be as clear and concise as possible. The questions which follow are typical (but not definitive) of the questions the Grants Review Committee members will ask themselves as your application is reviewed.

I. PROGRAM NARRATIVE

- A. **Statement of Purpose:** What is the purpose of the project and what community issue(s) does it address? Is there a documented need for the project? Is this a new project for the agency? For the community?
- B. **Project Objectives:** Describe the expected impact of the project. Specify the activities to be undertaken as well as the timeline for implementation and completion of these activities. Include a description of the individuals that will benefit and their number.
- C. **Collaboration:** Are you collaborating with other agencies on this project? If so, please indicate which one(s) and describe your collaborative efforts. Is your organization affiliated with any other organizations? If so, which ones?
- D. **Future Plans:** Is this, or will this become, an ongoing project? If so, please describe how you will support it in the future. Is future funding likely to be requested from the Northfield Area Foundation?
- E. **Evaluation:** Describe how to assess and measure your project's success.

II. PERSONNEL

- A. What key staff members are involved in this project? What are their qualifications for implementing the project?
- B. Will additional staff, consultants, or outside resources be required for this project? If so, please explain.
- C. Describe the level of volunteer involvement and their major responsibilities in the implementation of the project.

III. PROJECT BUDGET

Provide a comprehensive budget for this project which lists all sources of income and details all expenses, using the format on the next page. Include other funds that have been received or are under consideration for this project.

CHECK LIST

The following items must be included in your application

- Cover Page
- Description of the project (items I through III above)

Make sure your organization's name is included on every page and submit the original and six copies of the application and all pertinent documents to:

**Grants Review Committee
Northfield Area Foundation
PO Box 802
Northfield, MN 55057**

The Northfield Area Foundation encourages letters of inquiry concerning its interest in funding a particular project before a full application is submitted.

III. Project Budget

Funds currently available or applied for. Include the date a response is expected for funds applied for. This table may be extended as needed.

Expense	Source: Your organization	NAF	Other

**PLEASE SUBMIT YOUR APPLICATION AND ACCOMPANYING DOCUMENTS TO THE
GRANTS REVIEW COMMITTEE
NORTHFIELD AREA FOUNDATION
PO BOX 802
NORTHFIELD, MN 55057**