

Grant Application ---- Litchfield Area Community Foundation

ORGANIZATION INFORMATION

Name of organization _____

Address _____

City, Federal Tax ID Number
County,
State,
Zip

Phone _____

Fax _____ Web site _____

Name of contact person regarding this application _____

Title _____ Phone _____ E-mail _____

Tax Status:

- 501(c)(3) Public Agency (government created)
 Unit of Government Other (describe and attach appropriate documentation)

If you plan to use a fiscal agent please include contact information below, including their Federal Tax ID Number.

Signature of fiscal agent _____

PROPOSAL INFORMATION

Project Title: _____
(The SWIF may alter the title to serve our publicity needs)

Project Start Date: _____ Project End Date: _____
(Please allow adequate time for processing)

Please give a 2-3 sentence summary of request:

Area Served by the project: _____

Indicate the projected number to be served by your project:

_____ People _____ Agencies _____ Businesses _____ Communities

Amount Requested: \$ _____ Total Project Cost: \$ _____

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PROPOSAL NARRATIVE

Provide a brief narrative that answers each of the following points. Submit one original and one copy of your proposal. This narrative should be less than two pages and include:

Organizational History – Briefly describe your organization.

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.

If you have any questions, please contact Wes Edwards of the Litchfield Area Community Foundation, at 320-693-0165 or westonfe@xtratyme.com.

Please submit the completed application to:

Litchfield Area Community Foundation
c/o Wes Edwards
P.O. Box 624
Litchfield, MN 55355

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: _____

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BUDGET

A. How much will your total project cost? _____

B. How much are you requesting from the Litchfield 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):

