

GRANT APPLICATION

www.martincountyouthfoundation.org

ORGANIZATION

Name of Organization (Legal Name): _____

Address: _____
Street /PO Box City State Zip

Contact Person: _____ Title: _____

Telephone: _____ Fax: _____ Email: _____

Tax Status, check one: 501(c)3; School District; Unit of Government; Church

Other: (Describe) _____

FISCAL AGENT (IF DIFFERENT THAN ORGANIZATION)

Fiscal Agent Name: _____ agrees to serve as fiscal agent for the Applicant for the purpose of receiving funding from Martin County Youth Foundation.

Address: _____
Street /PO Box City State Zip

Contact Person: _____ Title: _____

Telephone: _____ Fax: _____ Email: _____

Authorized Signature: _____ **Date:** _____

BOARD APPROVAL FROM APPLICANT ORGANIZATION

We approve submission of this grant request and certify that the purpose of the request is charitable and that monies received from the Martin County Youth foundation will be used solely for the project stated.

Authorized Signature: _____ **Date:** _____

PROJECT DESCRIPTION

Project Title: _____

Statement of Project Purpose: _____

Submittal Date: _____ Geographic Area Served: _____

Estimated Number of Participants Served: _____ Age Range of Participants: _____

Project Beginning Date: _____ Project Completion Date: _____

Total Cost of Proposed Project: _____ **Amount Requested:** _____

Is this request an Emergency request? Y/N (Circle one) Supporting materials required on page 4.

PROJECT NARRATIVE

The following information should be submitted in an organized, typed format, numbered from 1-8. Restate each question along with the corresponding numeral and provide your reply. The foundation looks favorably on projects developed in consultation with other agencies and planning groups and those which promote coordination, cooperation and sharing among organizations and the elimination of duplication services.

1. Provide a description of the project. Include the purpose of your project.
2. Provide measurable objectives and expected outcomes of the project.
3. Describe why the project is needed in the community. Include its significance and an estimate of the number of Martin County residents who will benefit. Describe how participants that require accommodations will be served.
4. Describe how the grant will result in positive changes beyond the life of the project.
5. Provide Board/Committee or Staff qualifications. Include all staff assigned to the project and describe their education and/or experience in relation to the project's purpose, their probable availability for the duration of the project, and whether or not they can be replaced in the event they resign or are otherwise not available.
6. Describe how the grant, if received, can be evaluated with regard to the funds going to the agreed-upon purpose and the effectiveness of the project.
7. Provide a detailed project budget showing how the money will be spent and what funds the organization will contribute. Include a summary of the project's projected revenue sources and, if applicable, the plans for continued funding of the project.
8. Provide a statement why the Martin County Youth Foundation support is requested, a description of what other efforts have been made to obtain funding, and a list of approved, pending and denied requests. Include the amount received to date from other sources.

PREVIOUS MCYF GRANT APPLICATIONS

Has your organization applied for a MCYF grant in the last 13 months? Yes _____ No _____

If so, when? _____ Project Title: _____

Was it approved? _____ Grant # _____

If your organization received a MCYF grant, did you provide a final report? ____ Yes ____ No

NEXT GRANT CYCLE: If your organization received a MCYF grant within the last 13 months and the project is complete, a final report is required. Future grant monies will not be awarded without the final report. The final report can be submitted with the current grant application. Final report form is attached.

REQUIREMENTS OF GRANT RECIPIENTS:

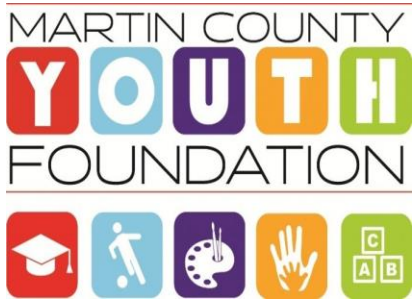
Entities receiving funding will be required to sign a Foundation Grant Agreement and complete a final report including achievements accomplished with the grant monies.

Martin County Youth Foundation requires documentation that the project has been implemented. If the project for some reason is not implemented all monies need to be returned to MCYF.

THIS APPLICATION WILL BE VOID WITHOUT THE FOLLOWING:

An attached copy of the U.S. Treasury letter certifying your organization as a 501 (c) (3) or a copy from the Government Unit you are affiliated with.

(This must be attached even if you have applied for a MCYF grant in the past.)



Martin County Youth Foundation Grant Making Guidelines

Grant Deadlines are twice a year:

March 15th and September 15th

The Martin County Youth foundation's mission is to acquire, manage and distribute funds to enhance the lives of youth in Martin County.

Eligibility:

Organizations and agencies applying for funds must serve the youth in Martin County.

Grants are available to non-profit organizations for purposes defined as public charities under the 501 (c)3 IRS code, public agencies, units of government, or religious institutions. Other groups or organizations are welcome to apply with a 501 (c) 3 organization serving as the fiscal agent for the project. The foundation operates without discrimination and will award grants only to those agencies and organizations which do not discriminate as to race, age, religion, sex or national origin.

Application Process:

Interested applicants should submit one copy of the completed grant application, required narrative, and supporting documents. All submissions must be postmarked or e-mailed prior to the deadline date.

Applications can be picked up and dropped off in person or via email at:

Fairmont Area Chamber of Commerce
PO Box 826
323 East Blue Earth Avenue
Fairmont, MN 56031
info@FairmontChamber.org

Grant Format and Review Process:

The Martin County Youth Foundation Board will review and screen all applicants for complete documentation and fulfillment of the Foundations grant requirements. Applications will be evaluated and funding decisions will be determined. Site visits and follow-up phone calls for clarifications may be necessary.

Narrative information needs to follow this format:

Font Type: Times New Roman

Font size: 12 pt.

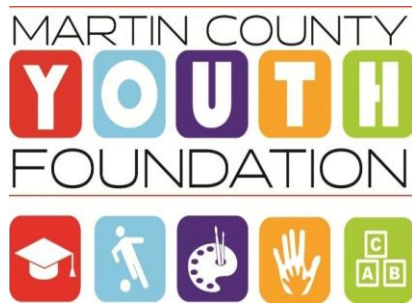
Line spacing: Single

Paragraph Spacing: Only one space between each new paragraph.

Restate each question along with the corresponding numeral.

Grants will not be made for the following:

1. Supporting annual fund drives for sustaining support.
2. To establish or add to endowment funds.
3. Debt financing or debt retirement.
4. The focus of MCYF is programming. Requests that focus primarily on Bricks and Mortar will not be approved. If Bricks and Mortar supports the programming request, it will be considered.



Listed below is the information that is required for this grant application.

Checklist:

- _____ Copy of 501(c)3 status form/letter
- _____ Names of members of the Board of Directors
- _____ Copy of organization's annual overall budget
- _____ Signature of Authority
- _____ All questions are answered
- _____ Final report (if applicable)

Project Timeline Requirements

MCYF will be unable to fund projects do not fall within the timeline requirements noted below:

March Applications – Project begin date must fall between May 15 and November 14.

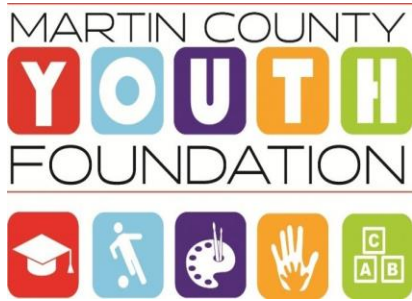
September Applications – Project begin date must fall between Nov 15 and May 14.

Emergency Application Requirements:

In addition to the requirements outlined above, the following materials are required to be considered for an Emergency request.

_____ Please include a typed explanation of why Emergency funding is required. Make sure to include the reason why you were not able to submit within the standard submission timelines.

_____ Please include any relevant supporting materials to illustrate why you were not able to meet the standard submission timelines.



Grant # _____
(FOR OFFICIAL USE ONLY)

Final Report

Due April 1 or October 1

(depending on grant cycle)

www.martincountyyouthfoundation.org

Name of Organization (Legal Name): _____

Address: _____
Street /PO Box City State Zip

Contact Person: _____ Title: _____

Telephone: _____ Fax: _____ Email: _____

Project Title: _____

Statement of Project Purpose: _____

Geographic Area Served: _____

Project Beginning Date: _____ Project Completion Date: _____

Total Cost of Proposed Project: _____ Amount Received: _____

Your report is due one month after the project completion date or at the latest, thirteen months after the grant request was submitted: April 1st or October 1st.

Directions: Please attach a page to this document that answers questions 1-6.

Narrative information needs to follow this format:

Font Type: Times New Roman

Font size: 12 pt

Line spacing: Single

Paragraph Spacing: Only one space between each new paragraph.

Restate each question along with the corresponding numeral.

1. Describe who participated:

included data regarding the age of participants and racial/ethnic groups based on Federal guidelines (i.e., white, black or African American, American Indian or Alaska Native, Native Hawaiian, Other Pacific Islander, Asian, Hispanic or Latino, other). What accommodations were made for individuals with disabilities?

2. Restate your objectives and expected outcomes from the grant and evaluate if they were met.

3. Describe the impact you made with the grant. Were the funds used as described in the grant?

4. Describe your successes.

5. What challenges did you encounter?

6. Please submit pictures that depict how your grant was utilized.