

CentraCare Health Foundation – Grant Application
Cover Sheet

Date of application: _____ Application submitted to: _____

Organization Information

Name of organization _____ Legal name, if different _____

Address _____ City, State, Zip _____ Employer Identification Number (EIN) _____

Phone _____ Fax _____ Web site _____

Name of top paid staff _____ Title _____ Phone _____ E-mail _____

Name of contact person regarding this application _____ Title _____ Phone _____ E-mail _____

Is your organization an IRS 501(c)(3) not-for-profit? _____ Yes _____ No

If no, is your organization a public agency/unit of government? _____ Yes _____ No

If no, check with funder for details on using fiscal agents, and list name and address of fiscal agent:

_____ Fiscal agent's EIN number _____

Proposal Information

Please give a 2-3 sentence summary of request:

Population served:

Geographic area served:

Funds are being requested for (check one):

_____ General operating support _____ Start-up costs _____ Capital
_____ Project/program support _____ Technical assistance _____ Other (list) _____

Project dates (if applicable): _____ Fiscal year end: _____

Have you received CentraCare Health Foundation funds in the past?

If so, what is the date of when it was approved?

Amount granted:

Project Description:

Minnesota Common Grant Application Form

Budget

Dollar amount requested: \$ _____
Total annual organization budget: \$ _____
Total project budget : \$ _____

Authorization

Name and title of top paid staff or board chair: _____
Signature _____

Instructions

PROPOSAL NARRATIVE

Please use the following outline as a guide to your proposal narrative. The proposal narrative is limited to no more than 5 pages in length.

I. ORGANIZATION INFORMATION

- A. Brief summary of organization history, mission and goals.
- B. Brief description of organization’s current programs or activities, including any service statistics and strengths or accomplishments. Please highlight new or different activities, if any, for your organization.
- C. Your organization’s relationship with other organizations working with similar missions. What is your organization’s role relative to these organizations?
- D. Number of board members, full-time paid staff, part-time paid staff and volunteers.

II. PURPOSE OF GRANT

- 1. The opportunity, challenges, issues or need currently facing your organization.
- 2. Overall goal(s) of the organization for the funding and objectives or ways in which you will meet the goal(s).
- 3. Specific activities for which you seek funding and who will carry out these activities.
- 4. How the proposed activities will benefit the targeted population? Be as clear about the impact you expect and time frame in which this will take place.
- 5. Long-term funding strategies.

III. EVALUATION

- A. Please describe your criteria for success. What do you want to happen as a result of your activities?
- B. How will you measure these changes?
- C. Who will be involved in evaluating this work (staff, board, constituents, community, consultants)?
- D. What will you do with your evaluation results?

ATTACHMENTS

The following attachments are required:

- 1. Finances
 - Most recent financial statement from most recently completed year, audited if available, showing actual expenses. This information should include a balance sheet, a statement of activities (or statement of income and expenses) and functional expenses. **(Only one copy needs to be included)**
 - Project Budget, including income and expenses
 - Additional funders. List names of corporations and foundations from which you are requesting funds, with dollar amounts, indicating which sources are committed or pending.
- 2. List of board members and their affiliations.
- 3. Brief description of key staff, including qualifications relevant to the specific request.
- 4. A copy of your current IRS determination letter (or your fiscal agent’s) indicating tax-exempt 501(c)(3) status. **(Only one copy needs to be included)**

PROPOSAL CHECKLIST

- | | |
|---|---|
| <input type="checkbox"/> Cover letter. | <input type="checkbox"/> List of additional funders. |
| <input type="checkbox"/> Cover sheet. | <input type="checkbox"/> List of board members and their affiliations. |
| <input type="checkbox"/> Proposal narrative. | <input type="checkbox"/> Brief description of key staff. |
| <input type="checkbox"/> Project budget | <input type="checkbox"/> IRS determination letter. |
| <input type="checkbox"/> Financial statements (Balance sheet, statement of activities & statement of functional expenses) | <input type="checkbox"/> Confirmation letter of fiscal agent (if required). |

CentraCare Health Foundation – Grant Application
Program / Project Budget

SOURCE OF INCOME		PROPOSED CCHF FUNDING	OVERALL PROGRAM BUDGET
<i>SUPPORT</i>			
Government Grants			
Foundations			
Corporations			
United Way or other federated campaigns			
Individual contributions			
Fundraising events and products			
In-kind support			
Investment income			
Other (specify)			
<i>REVENUE</i>			
Government contracts			
Earned income			
Other (specify)			
TOTAL INCOME			

EXPENSE ITEMS	FTE	PROPOSED CCHF FUNDING	OVERALL PROGRAM BUDGET
Salary / Wages (<i>provide breakdown by position, indicate FT or PT</i>)			
1.			
2.			
Insurance, benefits & other related taxes			
Consultant & professional fees			
Travel			
Equipment			
Supplies			
Education			
Printing & copying			
Postage & delivery			
In-kind expenses			
Other expenses (specify)			
Administrative Costs:			
Telephone & fax			
Rent & utilities			
Information technology support			
Depreciation			
Audit expenses			
Other administrative costs			
TOTAL EXPENSES			
NET INCOME / (LOSS)			

NOTE: Feel free to attach a budget narrative explaining your numbers if necessary.