



KIDS PLUS
Youth In
Philanthropy

Grant Application

****Grants submitted must be youth-written and youth-driven****

Organization/School Name _____
 Organization/School Address _____
 City _____ State _____ Zip _____ County _____
 Telephone _____ Fax _____
 Adult Contact Person _____ Title _____
 Telephone _____ E-Mail _____
 Youth Contact Person _____ Grade _____
 Telephone _____ E-Mail _____
 Principal's Name (if applicant is a school) _____
 E-mail (if applicant is a school) _____
 Is your organization an IRS 501(c)(3) non-profit? Yes _____ No _____
 Organization IRS Federal ID Number _____

Please attach a copy of the Applicant Organization or Fiscal Agent's Internal Revenue Service Determination Letter.

If no, please provide information about your Fiscal Agent in the following section.

Fiscal Agent

Organization _____
 Address _____
 City _____ State _____ Zip _____
 Contact Person _____ Title _____
 Telephone _____ Fax _____
 E-mail _____
 Organization IRS Federal ID Number _____

Please attach a copy of the Applicant Organization or Fiscal Agent's Internal Revenue Service Determination Letter.

Grant Request

Project Title _____
 Amount of Request (not to exceed \$1,000) _____
 Date of Request _____

Please provide narrative information and complete the budget form.

What is the goal of your proposed project? Describe the project. Please include details that give a clear picture of your project.

Who will work on the project and who will benefit from this project?

★ **Identify** how many people will work on the project;

Children ages 0-5 ____ Youth ages 6-12 ____ Youth ages 13-19 ____ Adults ____

★ **Estimate** the number of people to be served;

Children ages 0-5 ____ Youth ages 6-12 ____ Youth ages 13-19 ____ Adults ____

Why is this project needed and important to your organization?

How will the project happen? List activities that will be done.

When and **Where** will this project take place?

PLEASE RETURN THIS FORM TO

Northland Foundation
202 W. Superior St., Suite 610
Duluth, Minnesota 55802
(218) 723-4040 (800) 433-4045 Fax: (218) 723-4048
info@northlandfdn.org • www.northlandfdn.org

Please submit your grant applications to carolc@northlandfdn.org



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Project Budget

Organization: _____

Project Name: _____

Implementation Time Line: From _____ To _____

Budget Line Item (List each item separately and be as detailed as possible)	KIDS PLUS Youth in Philanthropy (Not to exceed \$1,000)	LOCAL SUPPORT		TOTAL (Line Item)
		*Cash	**In-Kind	
1.	\$	\$	\$	\$
2.	\$	\$	\$	\$
3.	\$	\$	\$	\$
4.	\$	\$	\$	\$
5.	\$	\$	\$	\$
6.	\$	\$	\$	\$
7.	\$	\$	\$	\$
8.	\$	\$	\$	\$
9.	\$	\$	\$	\$
10.	\$	\$	\$	\$
11.	\$	\$	\$	\$
12.	\$	\$	\$	\$
Column Totals Total Each Column →	\$	\$	\$	\$

Please explain the sources of cash and in-kind support listed above:

*CASH refers to funds donated by local businesses/civic groups/schools/churches/etc.; also fundraising efforts.

**IN-KIND refers to any supplies, staff time, use of space, or other non-cash contributions that are provided by your organization or others.