



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 _____
 Implementation Timeline: From _____ To _____
 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 who will 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?

Email your application to Carol Chipman: carolc@northlandfdn.org

or mail to

Northland Foundation
202 W. Superior St., Suite 800
Duluth, Minnesota 55802



PROJECT BUDGET

Organization: _____

Project Name: _____

Implementation Timeline: 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.