



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.