



If you have any questions about your application, please contact:

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If you have any questions about the grantee portal, please contact Carol Chipman, Grants Manager via email at carolc@northlandfdn.org.

Please refer to the RFP for additional information about this request.

Two grant opportunities. Requests for

- **Up to \$5,000**
- **\$5,001 to \$10,000**

Implementation Timeline: July 1, 2021 to June, 30,2022

The completed narrative, project budget, and organizational budget should be uploaded separately as attachments on the grantee portal. All materials need to be submitted via the [Special Initiatives Grantee Portal](#) using the Special Initiatives Application.

Narrative Questions:

Please construct your narrative responses using the questions provided below using the following guideline:

- Grant requests under \$5,000 limit application to a **maximum of 3 pages**
- Grants requests of \$5,001 to \$10,000 limit application to a **maximum of 5 pages**.

1. Please select the funding pool for which you are applying (please check one).

- \$5,000 and under request
- \$5,001 to \$10,000 request

2. Please provide a 2-3 sentence summary of your request.

3. Please select from the list below the geographic area(s) served by your project (you can select more than one).

- | | |
|--|---|
| <input type="checkbox"/> Aitkin County | <input type="checkbox"/> Leech Lake Tribal Nation (District 2) |
| <input type="checkbox"/> Bois Forte Tribal Nation | <input type="checkbox"/> Itasca County |
| <input type="checkbox"/> Carlton County | <input type="checkbox"/> Mille Lac Tribal Nation (District 1) |
| <input type="checkbox"/> Fond du Lac Tribal Nation | <input type="checkbox"/> Koochiching County |
| <input type="checkbox"/> Cook County | <input type="checkbox"/> Northern St. Louis County |
| <input type="checkbox"/> Grand Portage Tribal Nation | <input type="checkbox"/> Southern St. Louis County (Duluth, Proctor Hermantown) |
| <input type="checkbox"/> Lake County | |

- 4. Please select the focus area(s) of your project (you can select more than one).**
- Mental health services & supports
 - Social, emotional & physical health
 - Supplemental after-school programs
 - Summer Learning and enrichment programs
 - On-line/distance learning programs
 - Training & development to more effectively operated during pandemic & address the needs of young children 0-8
 - Other activities that are necessary to maintain the operation of & continuity of services in early care & education prioritizing the needs of underserved groups
- 5. Briefly describe your organization’s mission and programs to support children and youth, including the number of children served on an annual basis by your organization. Please specify children served in the 0-8 age group, as well as older age groups, if applicable.**
- 6. Briefly outline your experience providing early care and education programming or services and supports for children ages 0-8.**
- 7. Describe the unmet needs due to the COVID-19 pandemic your project will address for children 0-8.**
- 8. State the overall goal and describe the key activities you will undertake to address this unmet need.**
- 9. From the list below, please select the underserved populations who will benefit from the wrap-around early care and education services and supports (check all that apply).**
- | | |
|---|---|
| <input type="checkbox"/> Rural students disproportionately impacted by pandemic | <input type="checkbox"/> Black, Indigenous, People of Color |
| <input type="checkbox"/> Low-income students | <input type="checkbox"/> Children in foster care |
| <input type="checkbox"/> Students experiencing homelessness | <input type="checkbox"/> Students with disabilities |
| <input type="checkbox"/> Students with disabilities | <input type="checkbox"/> English learners |
| | <input type="checkbox"/> Migrant students |
- 10. Briefly describe the underserved population your project will serve.**
- 11. Estimate the number of children and their ages served by your project.**
- 12. List the key staff members, consultants, and partners who will work on this project and describe their qualifications and roles in the project.**
- 13. How will your proposed program benefit children 0-8?**
- 14. What steps will you take to track progress and demonstrate that the project has been successful?**

Budget

- Please complete the project budget template or use a similar format.
- Provide a current fiscal year organizational budget