



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 answer the questions and complete the budget form on the next four pages.

What is the goal of your project? *Describe the project. Give details that paint a clear picture of it.*

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?

Please fill out the budget form on the next page, then email your complete application with budget to grants@northlandfdn.org or mail it to

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



PROJECT BUDGET

Organization: _____

Project Name: _____

Implementation Timeline: From _____ **To** _____

*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.

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 any sources of cash and in-kind support listed above: