

Preview of 2025 Otto Bremer Trust Community Responsive Funds Grant Application Questions 2025

Questions 1 - 5 assess eligibility to apply for 2025 Otto Bremer Trust Community Responsive Funds. If you are directed to the end of the survey after answering questions 1 - 5, you are not eligible.

***1. Is the applicant organization a nonprofit/501(c)(3) or private school?**

Yes

No

Question Title

*** 2. Has your organization been operating for at least 5 years?**

Yes

No

***3. Did your organization have \$2 million or more in actual expenses in the last completed tax year according to Part I/Summary, line 18, of the Form 990?**

Yes

No

***4. Did your organization have at least \$100,000 in public philanthropic support according to Part VIII, Statement of Revenue, line 1f, of the last year's Form 990 (do not include government grants)?**

Yes

No

***5. Do you have an open Strategic Grant with the Otto Bremer Trust (does not refer to a former Community Responsive Fund grant)?**

Yes

No

*** 6. Proposal Title:**

*** 7. Legal Name of Organization:**

*** 8. Mailing Address:**

* Street address

Street address line 2

* City

* State

* Zip code

***9. Please select all the counties in which you operate:**

Aitkin
Carlton
Cook
Itasca
Koochiching
Lake
St. Louis

***10. If applicant organization also operates outside the 7-county Northeast Minnesota region indicated above, please enter in which counties below.**

***11. Federal Tax ID (EIN):**

***12. Contact person who can be contacted with questions about this application:**

*First Name
*Last Name
*Email
*Phone
*Title

***13. Authorized signatory with permission to sign grant agreements:**

*First Name
*Last Name
*Email
*Phone
*Title

***14. Does applicant organization have 501(c)(3) status?**

Yes
No

***15. Year applicant organization was incorporated:**

***16. Organization's actual expenses in the last completed tax year from Form 990, Part I, line 18:**

***17. Total amount of organization's previous fiscal year public philanthropic support from Form 990, Part VIII, line 1f (must be \$100,000 or more to be eligible to apply as the minimum award possible is \$10,000):**

***18. Total Grant Amount Requested (any single grant award may not exceed 10% of the total philanthropic support indicated above).**

***19. Proposal Start Date (note that if awarded, grant funds must be used within 12 months; applicants should be notified whether they will receive a grant by September 1):**

***20. Which focus area(s) does your proposed work align with (select all that apply)?**

Literacy: Organizations and programs advancing literacy (except digital and health literacy).
Adoption and foster care services: Organizations and programs that support adoption and foster care.

Children's health: Organizations and programs that provide health-related access and services for children.

Children's disability services: Organizations and programs focused on supporting children with physical/cognitive disabilities.

Mental health: Organizations and programs that support access to and delivery of mental health services (please note in questions 21 - 23 whether mental health services will serve children aged 5 – 15).

Capital projects for hospitals and clinics: Activities supporting the maintenance of hospitals, construction of facilities, and purchase of medical equipment, including electronic health record systems.

***21. Provide a 2-3 sentence summary of your request that articulates the alignment of your proposed work with the focus area(s) above (rather than a general description of your organization's larger body of work).**

***22. Describe the need or opportunity that your proposal addresses. Include the characteristics of the people to be served and cite any data used to inform your work.**

***23. Describe the goals and corresponding key activities that will address the need or opportunity.**

***24. How are the people and communities you serve informing the goals and key activities for the proposed work? Include what has been learned and how it has impacted your work.**

***25. Identify who will be carrying out these activities, including their roles and responsibilities.**

***26. What is the anticipated impact of your work? Include how you will measure and evaluate progress towards your stated goals.**

***27. Counties/Nations the proposed work will serve (select all that apply):**

Aitkin

Carlton

Cook

Itasca

Koochiching
Lake
St. Louis
Bois Forte Band of Chippewa
Fond du Lac Band of Lake Superior Chippewa
Grand Portage Band of Lake Superior Chippewa
Leech Lake Band of Ojibwe, District I
Mille Lacs Band of Ojibwe, District II

***28. Describe your organization's mission/purpose, its work, and organizational experience.**

***29. Conflict of Interest: Does an employee or board member of the Northland Foundation or their family member (defined as a spouse, parent, brother or sister, children, and their spouses) serve as an officer or director (or other position with similar responsibilities) with your organization?**

Yes

No

***30.** Please upload the Form 990 from the last completed tax year.

***31.** Please upload the applicant organization's last fiscal audit.

***32. By completing and submitting this application you affirm the following:**

I have read and understood the information provided above and I agree to supply the Otto Bremer Trust and their partners with the information requested.

I affirm that, as an officer or authorized agent of the organization, I have authority to submit this application on behalf of the organization, and the information submitted is correct and accurate to the best of my knowledge.

Full Name:

Title:

Date: