

MADISON LAKE AREA COMMUNITY FOUNDATION: GRANT APPLICATION

GRANT GUIDELINES

The mission of the Madison Lake Area Community Foundation is to serve the Madison Lake area by supporting programs and projects that improve the quality of life for people of all ages.

The Madison Lake Area Community Foundation welcomes grant applications that demonstrate a benefit within our area and are consistent with our mission. Grants typically range from \$100 up to \$1,000, but other amounts will be considered on a case-by-case basis.

The Madison Lake Area Community Foundation will not fund grant applications for lobbying or political activities.

Proposals must be submitted by a 501(c)(3) organization, a unit of government, or by a public agency. If the organization applying is a 501(c)(3), please include a copy of the IRS Determination letter. Organizations that are not tax exempt must apply through a suitable fiscal agent willing to accept responsibility for the project, such as a unit of government, school district, etc. Be sure to include contact information for the fiscal agent in the appropriate area of the "Organization Information" section of the grant application.

Grant applications will be reviewed by the Madison Lake Area Community Foundation on an on-going basis at regularly scheduled meetings. Decisions on grant applications will be communicated back to applicants following the meeting. Successful grant applicants are subject to eligibility verification by the Southern Minnesota Initiative Foundation. The Madison Lake Area Community Foundation requires all grant recipients to complete a final report detailing how grant funds were used and highlighting the accomplishments of the project.

If you have any questions, please contact the Madison Lake Area Community Foundation via email at MadisonLakeAreaCF@gmail.com.

Please submit the completed application to:

Madison Lake Area Community Foundation
c/o City Hall
525 Main Street
PO Box 295
Madison Lake, MN 56063

The Madison Lake Area Community Foundation is organized as an endowed, designated fund of the Southern Minnesota Initiative Foundation (SMIF).

ORGANIZATION INFORMATION

Name of Organization

Address

City, County, State, Zip

Federal Tax ID Number

Phone

Fax

Web site

Name of Contact Person Regarding this Application

Title

Phone

E-mail

Tax

Status:

- 501(c)(3)* Public Agency (government created)
 Unit of Government Other (describe and attach appropriate documentation)

****Please attach a copy of your IRS Determination letter, indicating your organizational status.***

If you plan to use a fiscal agent please include contact information below, including their Federal Tax ID Number. Fiscal agent must sign grant agreement and accept oversight of the project.

Signature of Fiscal Agent

PROPOSAL INFORMATION

Project Title: _____

Project Start Date: _____ Project End Date: _____

Please give a 2-3 sentence summary of request:

Population Served by the project:

Indicate the projected number to be served by your project:

_____ People _____ Agencies _____ Businesses _____ Communities

Amount Requested: \$ _____ Total Project Cost: \$ _____

PROPOSAL NARRATIVE

Provide a brief narrative that answers each of the following points. This narrative should be less than two pages and include:

Organizational History – Briefly describe your organization. Attach copy of IRS Determination letter, if applicable.

Program Goals – What does the project hope to accomplish? What is your focus?

Program Objectives – These are the clear, specific, and measurable outcomes of the project. State the who, what, where, and when.

Methods – How are you going to accomplish the goals and objectives? What combination of activities and strategies have you selected to bring about the desired results? Why did you select this approach, given all of the possible approaches?

Evaluation – How will you measure your results?

Budget – Please fill out the attached budget page. In addition, provide a budget justification, detailing the items listed on the budget page (i.e. consultant hired for 200 hours at \$25/hour). The more specific you are the better.

AUTHORIZATION

I certify that the information contained in this grant application is true and correct to the best of my knowledge. I have the authority to apply for the funds requested.

Name and title of top paid staff or board chair: _____

Signature of top paid staff or board chair: _____

Date: _____

BUDGET

A. How much will your total project cost?

\$ _____

B. How much are you requesting from the Madison Lake Area Community Foundation?

\$ _____

C. How much have you received or will you receive from other contributors?

\$ _____

(B + C must equal A)

D. List how this money and other contributions will be spent:
(Attach an additional sheet, if necessary)

(The total of D must equal A)

E. How many hours do you estimate that people will spend working on this project? _____

F. List any "in-kind" contributions (In-kind contributions are gifts of goods or services instead of cash): _____
