



Grant Application

Applicant Information

Organization _____ Date: _____

Address: _____
Street Address *Apartment/Unit #*

_____ _____ _____
City *State* *ZIP Code*

Phone: _____ Email _____

ORGANIZATION TYPE:	YES	NO		YES	NO
501(c)(3).	<input type="checkbox"/>	<input type="checkbox"/>	Unit of Government:	<input type="checkbox"/>	<input type="checkbox"/>
Public Agency: _____			Other: _____		

Project Description

Project Title: _____ Amount of Request: \$ _____

Project Start Date: _____ Project End Date: _____

Description of Project & Organizations or Volunteers involved

Other Contributors to the Project, ie: donations, cash, in-kind, etc.

Proposed Checklist

- Completed Grant Application
- Completed Supplemental Questions
- Proposed Budget
- Documentation of Approval by the Grantee Organization (board minutes, letter, etc...)
- Include copy of IRS Determination Letter

Terms of Agreement to comply

I agree to comply with the grant application requirements and criteria as follows:

- 1) The applicant will spend funds solely for the purposes as stated in the application.
- 2) The applicant will refund unused dollars along with a final report, within one year. Including a financial statement documenting the expenditure of grant funds and photos of project or program.
- 3) The applicant will recognize the HACF in all appropriate publicity connected to the program or project.
- 4) The applicant understands all grant applications are subject to final review and approval by the Southeast Minnesota Initiative Fund and may be modified as deemed necessary by the HACF.
- 5) Grant Applicant must complete all pages of the application and attach information required on page 3 of the application.

I certify the information contained is accurate to the best of my knowledge and have the authority to apply for the funds requested.

Signature: _____ Date: _____

Title: _____

Grant Application and all attachments can be mailed, emailed, or hand delivered as follows:

MAIL: HARMONY AREA COMMUNITY FOUNDATION
PO BOX 432, HARMONY MN 55939
ATTN: Grant Application

Email To: HACF@gmail.com

Deliver to: Roxanne Johnson, President,	PH: 507-458-6110	roxanne@harmonytel.net
Jessica Aggen, Vice Pres.	PH: 507-886-	jaggen@fsebg.com
Steve Donney, Treasurer	PH: 507-886-2304	stdonney2002@yahoo.com
Sandy Strozyk, Secretary	PH: 507-886-4931	sandy.strozyk@gmail.com

Board Members: Kelsey Bergey, Jodi Bergey, Aaron Bishop, Umbelina Cremer, John O'Conner, Maggie Schoepski, Samantha Stevens.

Be sure to visit us online: www.harmonycommunityfoundation.org



Supplemental Questions

Project: _____

Amount requested: \$_____ Total project cost: \$_____

Please provide the following information. Information should be typed or written clearly. Attach additional pages as needed.

1. Provide a brief description of your project, referencing outside resources, materials and research that may support your project.
2. Provide an impact statement supporting the benefit the project will have on the Harmony community.
3. Provide a description of the population directly served by your request and whom will benefit.
4. Provide a brief history of the applicant organization, including board members.
5. Attach a copy of your organizations IRS determination letter, if applicable.
6. Provide an outline of the steps that will be taken to ensure success of your project.
7. How will the results of the project or program be measured, and will feedback be obtained?
8. Share expectations for continued success in activities without future dependence on the support of the Foundation.

HACF Mission Statement:

*“To serve the Harmony area by supporting projects
which improve the quality of life and build a stronger community.”*