

# Grant Application



## Applicant

Organization \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_  
Street Address Apartment/Unit #

\_\_\_\_\_ City State ZIP Code

Phone: \_\_\_\_\_ Email \_\_\_\_\_

ORGANIZATION TYPE: Must choose one:

501(c)(3) or  
Public Agency: \_\_\_\_\_

Unit of Government: \_\_\_\_\_

## 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.


### Proposal 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

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.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Title: \_\_\_\_\_

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

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

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

Email To: [hacfoundation@gmail.com](mailto:hacfoundation@gmail.com)

Or you may hand deliver to any officer or other board member of HACF.

Be sure to visit us online: [www.harmonycommunityfoundation.org](http://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.”*