

Grant Application

Click in the boxes below to type your information. Use the Tab key to navigate through full application.
Save and/or print the full application to submit to the Schmeeckle Foundation

I. Applicant Organization

Organization		Federal Employer ID # (FEIN)	
Primary Contact Person		Title	
Address	City	Zip	
	County	Telephone	
Email Address		Facsimile	
Tax Status: <input type="checkbox"/> 501(c)(3) <i>(Please provide IRS 501(c)(3) Determination Letter)</i> <input type="checkbox"/> Ineligible organization <i>(Ineligible organization, requires eligible fiscal agent)</i>			
<u>If Project Contact person is different from above, please provide that information.</u>			
Project Contact Person		Title	
Organization			
Address	City	Zip	
	County	Telephone	
Email Address		Facsimile	

For Office Use Only

Date Received _____ Grant Number _____

Completed Application received

All supporting documents received

Replied

II. Fiscal Agent (if applicable)

Organization*		Federal Tax ID # (FEIN)	
Primary Contact Person		Title	
Address	City	Zip	
	County	Telephone	
Email Address		Facsimile	
*Please provide IRS 501(c)(3) Determination Letter			

III. Project Description

Project Beginning Date	Project End Date	Amount Requested \$
Project Title		
Provide a 1-2 sentence summary of your project including overall project description, key activity and outcome:		

IV. Narrative (Answer Questions in a Separate Document)

I. ORGANIZATION INFORMATION

- A. Brief summary of organization history, including the date your organization was established
- B. Brief summary of organization mission and current programs or activities and strengths or accomplishments

II. PURPOSE OF GRANT

- A. Situation
 1. Purpose of the project: What is to be accomplished and what problems will be addressed or solved?
 2. Identify the activities that you request Schmeckle Foundation funding for.
 3. Who will carry out those activities?
 4. Does your project seem innovative to you?
 5. Do you think your project will create new ways of doing business not only for your organization, but for other organizations?

6. Is it new for your organization, even if it is built on other ideas?
7. Does it involve collaboration with other non-profits? Who and how?
8. Does it bring community involvement on a new level? What new investment funds are anticipated and what new community involvement is expected?
9. Will your project improve the quality of life for all in Martin County? In what ways?
10. Will your project become self-sustaining? How will this be accomplished?
11. How will your project help to improve and grow Martin County?
12. Will your project make day to day life easier and better for all in Martin County? In what ways?
13. Please list the long term objectives?
14. What policies do you have in place to avoid employment or support discrimination based on race, creed, sexual orientation, religion, gender, disability or age?

*The above are not the only things you can tell us about, but please try to address as many as you can with as much specificity as you can as to how you expect to achieve your dreams and your vision.

*Important factors are: inspiration for other organizations, solution for other similar problems, recognizing and taking advantage of opportunities, long term effects, and sustainability

III. EVALUATION

- A. Describe how you plan to measure the results of your project?
- B. How will you gather feedback from constituents?
- C. Who will be involved in evaluation (staff, board, constituents, community, and consultants)?

V. Attachment – Project Budget Worksheet

Please complete the Schmeckle Foundation Grant Project Budget Worksheet (required). This form is available on our website or by request.

VI. Proposal Checklist – Required Documents from Fiscal Agent/Applicant Organization

- Completed application (www.schmeecklefoundation.org, click on “Applications”)
- Project Budget Worksheet (balanced, available on website)
- Audited financials or filed tax forms if unaudited
- IRS 501(c)(3) Determination Letter
- Letter(s) of support from partner organization(s) other than the applicant organization and fiscal agent

All items above must be included or application will be rejected.

I have read thoroughly and comply with the Schmeckle Foundation Grant Program Guidelines.
To the best of my knowledge, all information provided in this application is true and correct.

Authorized Signature

Date

Print Name

Title

VII. Application Submittal

Schmeckle Foundation accepts grant applications once per year.

The deadline for submittal is April 30, **2019**.

Applications are available online at www.schmeecklefoundation.org and click on “Applications”.

Please submit completed applications to:

Jenniferh@smifoundation.org

Or mail hardcopy to:

Jennifer Heien
Southern MN initiative Foundation
525 Florence Ave
Owatonna, MN 55060

If you have any questions please contact:

Jennifer Heien
Grants Coordinator
507-214-7040
Jenniferh@smifoundation.org