

New Richmond Area Community Foundation Grant Application

Name of Organization _____

Contact Person _____

Address _____ City _____ State _____ Zip _____

Telephone _____ Fax _____ Email _____

Is your organization a 501(c)(3) Tax exempt number _____

Unit of government Other _____

What is the purpose of your organization? (Please describe in two or three sentences.) _____

Project Title _____

Start & End Dates _____ Amount Requested _____

PROJECT DESCRIPTION: *Please describe in two or three sentences, including population and number of people to be served. Additional information to be included in the attached narrative as listed below. (Text must fit this space.)*

Does your project serve youth and families of the greater New Richmond area, and have direct linkage to the Search Institute’s 40 Developmental Assets? If yes, complete this form and also attach the completed YOUth and Families Initiative Supplemental Grant Application. **If no and you would like further information please contact YOUth and Families Initiative at 243-1263.**

NARRATIVE: *Please attach 1 to 2 pages of single-spaced narrative that responds to each question below:*

1. How was the need for this project identified?
2. What is the project description, including the objectives and activities to be accomplished?
3. How will this project make a difference in meeting community needs?
4. Is there any similar project in our community and if so, how is this project different?
5. Are any other organizations participating in this project?
6. Who will be principally responsible for implementing the project?
7. How will you measure the effectiveness of your activities?
8. Is there additional information that may be helpful to the Board of Directors as they consider this request?