**ROSEVILLE AREA COMMUNITY FOUNDATION**

GRANT APPLICATION

Please complete all sections of the following grant application. **NOTE we cannot consider a new request until the Grant report form has been completed for the prior grant**

**A. General Information**

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

Name of Organization: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address and phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email and web site (if applicable): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

IRS Status: 501(c)(3) (Please attach letter from the IRS) **Note: we do not accept Fiscal Agents unless an application has been submitted to the IRS for their own 501(c)(3)**

**B. Responsible Governing Body Approval or School Principal or Vice Principal )**

Please have the applicable person sign this form:

Board Chair or other Responsible Person: Name, Title, Phone, Email\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Person: Name, Title, Phone, Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**C. Grant Request**

1.a. Briefly describe the purpose of the project or program: the need it addresses, the goal/timeline and how it benefits the community of Roseville area. Note that Grantees address or Program location must be in the Roseville Area and or ISD 623. See City of Roseville map : <http://www.cityofroseville.com/462/Maps>

1.b. How will you measure the success of your project?

2.a. Give the names(s), experience and briefly describe the role of the individual(s) who will supervise or implement the project.

2.b. Approximate number of people served in the Roseville area:

Check all that apply: \_\_\_male \_\_\_female \_\_\_minority \_\_\_youth \_\_\_ elderly \_\_\_families\_\_\_\_

3.a. Summarize your budget request:

Organization’s total annual budget $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Total project budget $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Roseville Community Fund Amount request $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Scheduled implementation dates: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What is your contingency plan if funds are not received?

3. b. Show itemized project budget (or attach to email when sending):

4. List other funding sources approached, amounts requested, status of the request and any plans for future funding sources.

5. Have you submitted a prior grant request for funds from the Roseville Area Community Fund? Note: only one request approved per calendar year**. Note if you did receive monies a Grant Report Form must be completed before we consider another request.**

7. Please describe any relationship or interest with members of the Roseville Area Community Fund which might be considered in conflict of interest if not declared:

The Fund requires each applicant to have a representative present at the meeting for a brief presentation (10 minutes) and to answer questions. This is expected. If you can’t attend please let the Chair or secretary know.

For additional information or to submit your application by mail please contact:

Roseville City Hall

Attn: Roseville Area Community Foundation

2660 Civic Center Drive

Roseville MN 55113

EMAIL: [racf.info@gmail.com](mailto:racf.info@gmail.com)

Whenever possible please submit application by email