



Northwest North Dakota Community Foundation

Andrist Fund Grant Request Form

DO YOU QUALIFY FOR A GRANT? *Please mark only one:*

ORGANIZATION IS AN IRS **501(c)(3)** Public Charity FEDERAL ID#: _____

ORGANIZATION IS A UNIT OF GOVERNMENT. (DOCUMENTATION WILL NEED TO BE PROVIDED IF APPROVED)

ORGANIZATION HAS A WRITTEN AGREEMENT WITH A **FISCAL SPONSOR*** WHO IS A 501(c)(3) OR GOVERNMENT AGENCY.

EIN: _____

If you cannot mark any of the above, your organization does not qualify for a grant. Please contact the Northwest North Dakota Community Foundation at 701.774.6923 with questions.

APPLICANT INFORMATION

Name of Organization or Group Applying for Grant

Mailing Address

City

State

Zip

Primary Contact Person

Title or Role

Phone

Email

FISCAL SPONSOR INFORMATION (IF APPLICABLE)

Name of Fiscal Sponsor - (Organization to receive grant must be 501(c)(3) or government agency)

Mailing Address

City

State

Zip

Fiscal Sponsor Representative

Title or Role

Phone

Email

*Fiscal sponsorship is an arrangement between a 501(c)(3) public charity or unit of government and a project that does not have that tax status, in which the charity receives and expends funds to advance the charitable work of the project while retaining discretion and control over the funds.

PROJECT COST

SPECIFIC AMOUNT REQUESTED: \$ _____

WOULD YOU ACCEPT A GRANT FOR LESS THAN THE FULL AMOUNT REQUESTED? YES NO

WHAT IS THE TOTAL COST OF THE PROJECT/PROGRAM FOR WHICH YOU ARE ASKING FOR SUPPORT? \$ _____

DOLLAR AMOUNT YOUR PROJECT/PROGRAM HAS ALREADY RECEIVED? \$ _____



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PROPOSAL NARRATIVE

One-Line Summary of Request : _____

PLEASE USE THIS AREA TO DESCRIBE YOUR REQUEST & ORGANIZATION. YOU MAY ATTACH UP TO ONE (1) PAGE OF SUPPLEMENTAL INFORMATION ABOUT YOUR REQUEST OR ORGANIZATION, IF DESIRED/NEEDED. IF YOU ARE REQUESTING FUNDING FOR MORE THAN ONE PROJECT, PROGRAM, OR ITEM, PLEASE LIST ALL.

PLEASE PROVIDE A DETAILED DESCRIPTION OF YOUR PROJECT/PROGRAM & HOW THE GRANT FUNDS WILL BE USED IF AWARDED.

IF A GRANT FROM THE NWNDCF IS NOT RECEIVED, HOW WILL THE PROJECT/PROGRAM CONTINUE WITHOUT THIS FUNDING?

OTHER THAN THE NWNDCF, WHO ELSE HAS BEEN APPROACHED TO FUND THIS PROJECT/ PROGRAM AND IN WHAT AMOUNT?

IS THIS A ONE-TIME PROJECT/PROGRAM OR WILL IT REQUIRE ONGOING SUPPORT/FUNDRAISING? IF IT WILL REQUIRE ONGOING SUPPORT, HOW DO YOU PLAN TO SUSTAIN THE PROGRAM AFTER THE FOUNDATION'S GRANT IS EXPENDED?

WHICH GEOGRAPHIC AREA(S) AND DEMOGRAPHIC GROUP(S) ARE SERVED BY THIS PROJECT/PROGRAM? HOW MANY PEOPLE WILL BE AFFECTED BY THIS PROJECT/PROGRAM? HOW WILL THIS GRANT BENEFIT THIS GROUP OF PEOPLE?

WHEN WILL YOUR PROJECT/PROGRAM BEGIN & WHEN WILL IT END? WHEN WILL GRANT FUNDS BE EXPENDED?

HOW TO SUBMIT:

SUBMIT THIS FORM & UP TO 1 PAGE OF SUPPLEMENTAL INFO: VIA EMAIL TO INFO@NWNDCOMMUNITYFOUNDATION.ORG OR VIA MAIL TO NWNDCF GRANTS, PO BOX 371, WILLISTON, ND 58802-0371