



Grant Application Form

Application Deadlines: February 28 and August 31

Any questions, please email info@vhacf.org

Organization Information

Name of organization _____ *Legal name, if different* _____

Address _____ *City, State, Zip* _____ *Employer Identification Number (EIN)* _____

Phone _____ *Fax* _____ *Website* _____

Name of top paid staff _____ *Title* _____ *Phone* _____ *Email* _____

Name of contact person regarding this application _____ *Title* _____ *Phone* _____ *Email* _____

Is your organization an IRS 501(c)(3) not-for-profit? ___ Yes ___ No
If no, is your organization a public agency/unit of government? ___ Yes ___ No

Number of staff (full and part time) _____ Year organized _____ Number of board members _____

Grant Request

Dollar amount requested \$ _____

Project Proposal Description and Information

Please give a short summary of request including: project title; goal/purpose; how the requested money will be spent; what will be done and by whom; start and end date of project; expected impact of the project and how it will benefit the community; describe criteria for evaluating the project's success.

Authorization

Name and title of top paid staff or board chair _____

Signature _____ Date _____

Project Budget

Please only include income allocated for the project for which grant is being requested.

Feel free to attach a budget narrative explaining your numbers, if necessary.

Income

Source of Money for Project	Amount Secured or Committed	Amount Pending	If Pending-Date Receipt Anticipated	Is Receipt Dependant Upon Receiving Matching Funds?	
				Yes	No
Government Grants	\$	\$			
Individual Contributions	\$	\$			
Foundations	\$	\$			
Membership Income	\$	\$			
Corporations	\$	\$			
Other (specify)	\$	\$			
	\$	\$			
	\$	\$			
Total Income for Project	\$	\$			

Expenses

Please only include expenses allocated for the project for which grant is being requested.

Feel free to attach a budget narrative explaining your expense item, if necessary.

Item	Amount
Salaries, wages and benefits for administrative support*	\$
Salaries, wages and benefits for program services or project implementation*	\$
Travel	\$
Equipment and supplies	\$
Printing, copying and postage	\$
Consultant and professional fees	\$
Other expenses (specify)	\$
	\$
Total Expenses for Project	\$

**Please only list the portion of salary and wages that are allocated to the project for which grant money is being requested. Note: VHACF generally does not provide grant money to cover operating expenses.*

Attachments and Requirements

1. A copy of the applicant's most recent letter of exemption from the Internal Revenue Service demonstrating that it is an organization exempt from federal income tax under Section 501(c) (3) of the Internal Revenue Code, and stating whether or not it is a private foundation must be attached to each grant request.
2. A copy of the applicant's financial statements, audited if available, from most recent year.
3. Applicant agrees to include, where appropriate, in any news media release or printed acknowledgement, the following: "(Project) is made possible in part by a grant from the *Vadnais Heights Area Community Foundation.*"
4. A brief report summarizing outcomes and impact of grant would be appreciated shortly after ending date of the project. Project pictures are encouraged and we request they be emailed to info@vhacf.org.

Please scan and send completed forms to:

info@vhacf.org

If you have any questions, please email us at **info@vhacf.org**.