

PROJECT/ORGANIZATION INFORMATION

Project Title:

Submittal Date:

Geographic Area Served:

Applicant Organization:

Organization Website:

Address:

City:

State:

Zip:

Contact Person:

Title:

Telephone:

County:

E-Mail:

Is your organization an IRS 501 (c) (3) nonprofit? (yes/no)

If no, complete the following section.

IRS Federal ID Number:

FISCAL AGENT FOR PROPOSED PROJECT (if other than applicant)

Organization:

Address:

City:

State:

Zip:

Contact Person:

Title:

Telephone:

BUDGET INFORMATION

Annual Overall Operating Budget of Applicant Organization: \$

(If large organization, university or unit of government, use department or divisional budget.)

TOTAL BUDGET REQUIRED FOR THE PROPOSED PROJECT: \$

OTHER SOURCES TO WHICH YOU ARE APPLYING FOR THIS PROJECT

(Complete the table below.)

Source	Requested Amount	Date Request was Submitted	Amount Committed to Date	Date Committed
Total Revenue				

AMOUNT REQUESTED FROM NORTHLAND FOUNDATION FOR THIS PROPOSAL: \$ _____

PROJECT INFORMATION

Please confine information to this sheet. Do not submit supporting documentation or additional materials unless otherwise requested.

Two-Three Sentence Summary of Your Request:

Proposed Project Duration: (months) Beginning: Ending:

1. Proposal Description: (Please describe the need/problem that your proposal addresses.)

2. Describe how your project will address the situation above (who will the program impact?):

For information or further instructions contact:

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202 West Superior Street
Duluth, MN 55802
218-723-4040 or 800-433-4045
E-Mail: erik@northlandfdn.org
Web Site: www.northlandfdn.org

Note: Applicants are strongly encouraged to contact Foundation staff about your proposed project prior to submitting this pre-application form.