



KIDS PLUS

Youth In Philanthropy

# Grant Application

**\*\*Grants submitted must be youth-written and youth-driven.\*\***

Organization/School Name \_\_\_\_\_  
 Organization/School Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ County \_\_\_\_\_  
 Telephone \_\_\_\_\_ Fax \_\_\_\_\_  
 Adult Contact Person \_\_\_\_\_ Title \_\_\_\_\_  
 Telephone \_\_\_\_\_ E-Mail \_\_\_\_\_  
**Youth Contact Person** \_\_\_\_\_ Grade \_\_\_\_\_  
 Telephone \_\_\_\_\_ E-Mail \_\_\_\_\_  
 Principal's Name (if applicant is a school) \_\_\_\_\_  
 E-mail (if applicant is a school) \_\_\_\_\_  
 Is your organization an IRS 501(c)(3) non-profit? Yes \_\_\_\_\_ No \_\_\_\_\_  
 Organization IRS Federal ID Number \_\_\_\_\_

**Please attach a copy of the Applicant Organization or Fiscal Agent's Internal Revenue Service Determination Letter.**

If no, please provide information about your Fiscal Agent in the following section.

## FISCAL AGENT

Organization \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Contact Person \_\_\_\_\_ Title \_\_\_\_\_  
 Telephone \_\_\_\_\_ Fax \_\_\_\_\_  
 E-mail \_\_\_\_\_  
 Organization IRS Federal ID Number \_\_\_\_\_

**Please attach a copy of the Applicant Organization or Fiscal Agent's Internal Revenue Service Determination Letter.**

## GRANT REQUEST

Project Title \_\_\_\_\_  
 Implementation Timeline: From \_\_\_\_\_ To \_\_\_\_\_  
 Amount of Request (not to exceed \$1,000) \_\_\_\_\_  
 Date of Request \_\_\_\_\_

**Please provide narrative information and complete the budget form.**

**What** is the goal of your proposed project? Describe the project. Please include details that give a clear picture of your project.

**Who** will work on the project and who will benefit from this project?

<p>★ <b>Identify</b> how many people will work on the project:</p> <p>Children ages 0-5 ____ Youth ages 6-12 ____ Youth ages 13-19 ____ Adults ____</p>
<p>★ <b>Estimate</b> the number of people to be served:</p> <p>Children ages 0-5 ____ Youth ages 6-12 ____ Youth ages 13-19 ____ Adults ____</p>

**Why** is this project needed and important to your organization?

**How** will the project happen? List activities that will be done.

**When** and **Where** will this project take place?

PLEASE RETURN THIS FORM TO  
Northland Foundation  
202 W. Superior St., Suite 610  
Duluth, Minnesota 55802  
(218) 723-4040 (800) 433-4045 Fax: (218) 723-4048  
info@northlandfdn.org • www.northlandfdn.org

**Please submit your grant applications to [carolc@northlandfdn.org](mailto:carolc@northlandfdn.org)**



**KIDS PLUS**  
Youth Leadership  
Academy

# Project Budget

**Organization:** \_\_\_\_\_

**Project Name:** \_\_\_\_\_

**Implementation Timeline: From** \_\_\_\_\_ **To** \_\_\_\_\_

Budget Line Item (List each item separately and be as detailed as possible)	KIDS PLUS Youth in Philanthropy (Not to exceed \$1,000)	LOCAL SUPPORT		TOTAL (Line Item)
		*Cash	**In-Kind	
1.	\$	\$	\$	\$
2.	\$	\$	\$	\$
3.	\$	\$	\$	\$
4.	\$	\$	\$	\$
5.	\$	\$	\$	\$
6.	\$	\$	\$	\$
7.	\$	\$	\$	\$
8.	\$	\$	\$	\$
9.	\$	\$	\$	\$
10.	\$	\$	\$	\$
11.	\$	\$	\$	\$
12.	\$	\$	\$	\$
<b>Column Totals</b> Total Each Column →	\$	\$	\$	\$

**Please explain the sources of cash and in-kind support listed above:**

\_\_\_\_\_

\_\_\_\_\_

\*CASH refers to funds donated by local businesses/civic groups/schools/churches/etc.; also fundraising efforts.

\*\*IN-KIND refers to any supplies, staff time, use of space, or other non-cash contributions that are provided by your organization or others.