

The Robert and Helen Remick Charitable Foundation Trust

Trustees:

John Remick
Lynel Nelson
Howard Davis
Lynne Kessler

GRANT APPLICATION GUIDELINES AND PROCEDURES

Please address and mail six copies of the completed application as follows:

Robert & Helen Remick Charitable Foundation Trust
P. O. Box 123
Lakefield, MN 56150

Questions: Please contact:

Patrick K. Costello
Costello, Carlson & Butzon, LLP
(507) 662-6621
patrickkcostello@msn.com

website: remickfoundation.com

GRANT PROGRAM GUIDELINES

INTRODUCTION

The Robert and Helen Remick Charitable Foundation Trust currently operates under the direction of a four member Board of Trustees. Trustees establish priorities, grant guidelines and procedures to guide the effective use of Foundation resources in meeting the area's needs.

ELIGIBILITY

Grant applications will be considered from organizations whose projects are designed to benefit the residents of the greater Windom area. Eligible organizations include:

- 1) Tax-exempt 501(c) (3) organizations
- 2) Units of government (cities, townships, county, etc.)
- 3) Government-created organizations (public agencies)

PRIORITIES

The Foundation's Board of Trustees typically meets three times per year to consider grant applications. The Board of Trustees seeks input from the area on an ongoing basis and will adjust or modify its focus as conditions warrant.

TIME-LINES

The Foundation typically has three grant cycles per year. Grant applications must be received by specific due dates as informed by cover letter at the Foundation office for the respective grant cycle or as published on the Foundation's website.

RESTRICTIONS

In general, the Robert and Helen Remick Charitable Foundation Trust does not award grants to the following:

- Individuals
- Endowments
- Annual campaigns
- Ongoing general operating funds
- Proposals that duplicate existing services
- Religious activities
- Replacement of government funding
- Deficit funding
- Political activities

APPLICATION FOR GRANT PROGRAM

PART I – GENERAL CONTACT INFORMATION

Organization Name: _____

Taxpayer Identification Number: _____

Address: _____

City, State, Zip Code: _____

Phone number: _____

Website address: _____

Contact person and title: _____

E-mail address: _____

Total grant request: _____

PART II – ORGANIZATIONAL INFORMATION

Date established: _____

Brief history of organization and description of the organization’s mission:

Organization’s fiscal year: _____

Population served (include numerical estimates from last fiscal year):

Principal geographic area served:

Total operating revenue for past fiscal year:

Please identify sources of revenue by percentage (should total 100%):

Government	_____	%
Fees and Dues	_____	%
Donations	_____	%
Interest income	_____	%
All other sources	_____	%

Total operating expenses for past fiscal year: \$ _____

for current fiscal year-to-date: \$ _____

Fundraising expenses for past fiscal year: \$ _____

Has your organization employed a professional fundraiser in the last five years?

Yes No

Has the governing board approved a policy which states the organization does not discriminate as to age, race, religion, sex or national origin?

Yes No

Does the organization have FEDERAL tax-exempt status? Yes No

If no, please explain: _____

Does the organization have a fiscal agent? Yes No

If yes, please identify: _____

Has the organization’s governing board authorized the request? Yes No

Date authorized: _____

PART III – PROJECT INFORMATION

Project director: _____

Provide a concise description of the project: (Include a statement of need for the program, specific program components, population and number expected to benefit, and importance of undertaking the project).

Describe the qualifications of the project personnel:

Evaluation plan of the project: (Identify measurable, time-specific goals, evaluation procedures, and uses of information gathered).

Project duration: (mm/dd/yy to mm/dd/yy) _____

Will this be a project exceeding one year? Yes No
If yes, please complete 3-year budget projections.

Project budget:

Identify project income by sources of support, whether secured or pending, and amount:

Identify project expenses by category and amount:

Total grant request: _____

Request summary: (Describe how the grant funds will be used within the project)

Please attach the following:

- 501 (c) (3) IRS tax-exempt determination letter;
- List of current Board of Directors; and
- Statement of Approval regarding this request.

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