

The Robert and Helen Remick Charitable Foundation Trust

GRANT APPLICATION GUIDELINES AND PROCEDURES

Trustees:

Lynel Nelson, Howard Davis, Lynne Kessler, Jean Pike

Please address and mail four 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 & Schmit 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 meet four 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 four grant cycles per year. Grant applications must be received by specific due dates 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

Grant # FY _____

Applicant Information

Name of Organization	
Federal Tax Exempt ID# We MUST have this number. If you, the applicant, are not a 501(c)(3) organization, a unit of government or a public agency, this number should be the number of a "fiscal sponsor." What is a fiscal sponsor? See page 2 for more information.	Tax ID # _____ <input type="checkbox"/> We are a 501(c)(3), a unit of government or a public agency <input type="checkbox"/> We are using a fiscal sponsor (see page 2)
Contact Name	
Title	
Mailing Address	
City, State ZIP	
Phone and Fax	
Email	
Website	

Tax Status (please select appropriate type)

<input type="checkbox"/>	501(c)(3) Public Charity	<input type="checkbox"/>	Public Agency
<input type="checkbox"/>	Unit of Government	<input type="checkbox"/>	Other (please describe and attach appropriate documentation)

Complete the Fiscal Sponsor Information only if you, the applicant, are not a 501(c)(3) public charity, a unit of government or a public agency.

Due to IRS regulations, your application will require a “fiscal sponsor” partnership. A fiscal sponsor is a non-profit entity (i.e. a 501(c)(3) public charity, a unit of government or a public agency) that accepts responsibility for the project/activities of an organization that does not have tax-exempt status, but whose project clearly demonstrates a public benefit.

You, the applicant, are responsible for understanding fiscal sponsorship and securing your local fiscal sponsor prior to application to the foundation. If your project or idea will result in a tangible asset and/or capital improvement, the entity that ultimately owns (or will own) that tangible asset needs to be your fiscal sponsor. For example, the City would need to be the fiscal sponsor for a grant related to new playground equipment located in a city-owned park.

Fiscal Sponsor Information (if applicable)

Name of Organization	
Federal Tax ID # (required)	
Mailing Address	
City, State ZIP	
Website	
Contact Name with this Organization	
Contact Title	
Contact Phone	
Contact Email	
Signature	

Proposal Information

Project Title			
Project Start Date		Project End Date	
Provide a brief summary of the request (150 words or less):			
Counties served by this project:			
Indicate the projected number to be served by your project:			
_____ People	_____ Agencies	_____ Businesses	_____ Communities
Amount Requested: \$ _____		Total Project Cost: \$ _____	

Proposal Narrative

Provide a brief narrative that addresses each of the following points. Submit one original and three copies of your proposal. This narrative should include the following:

1. **Description of Organization:** Briefly describe your organization. Attach a copy of your IRS Determination Letter or documentation from your fiscal sponsor as outlined on page 2.

2. **Program Goals:** What do you hope to accomplish through the project? What is the focus?

3. **Methods:** How are you going to accomplish the goals? What combination of activities and strategies have you selected to bring about the desired results? Why did you select this approach?

4. **Evaluation:** How will you measure your results/impact?

5. **Budget:** Please complete the attached budget on page 8 of this grant application. In addition, you may wish to provide a budget narrative, detailing the items on the budget page.

6. **Past Revenue and Expenses:** 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: _____ %

Budget	
A. How much will your total project cost?	\$
B. How much are you requesting from the foundation?	\$
C. Describe how the money from the foundation (in Item B) would be used.	
D. How much have or will you receive from others?	\$
E. Describe how the money from others (in Item D) would be used.	
F. How many hours do you estimate that people will spend working on this project?	
F. List any “in-kind” contributions (<i>in-kind contributions are gifts of goods/services instead of cash</i>)	

Additional Organization Information

A. Brief history of organization and description of the organization's mission.	
B. Date established	
C. Fundraising expenses for the past year?	
D. Has your organization employed a professional fundraiser in the last five years?	
E. Has the governing board approved a policy which states the organization does not discriminate as to age, race, color, religion, sex or national origin?	
F. Please attach the following: <ul style="list-style-type: none"> • 501 (c)(3) IRS tax-exempt determination letter • List of current Board of Directors • Statement of Approval regarding this request 	

Authorization

I certify that the information contained in this grant application is true and correct to the best of my knowledge. I have the authority to apply for the dollars requested.

Name of top paid staff or board chair: _____ Title: _____

Signature: _____ Date: _____

Submit your Completed Application to:

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