Grant Application

Byron Community Foundation

Applicant

Organization:_____Application Date:_____

Address: _____

Phone: _____ Email: _____

Contact Person:_____

Organization Type: (Please check all that apply)

☐ 501(c)(3) – include copy of IRS Determination Letter

☐ Unit of Government

☐ Fiscal Agent for _____
(name of organization)

Project Description

Project Title:_____

Total Project Cost: $_____ Amount of Request: $_____

Project Start Date:_____

Description of Project: (referencing outside resources, materials, and research that may support your project)

Other Contributors to the Project, ie: donations, cash, in-kind, etc.

Describe your status in securing other funds for this project if necessary.

Provide an impact statement supporting the benefit the project will have on the Byron Community or surrounding area. How does your project address the community needs?

Provide a description of the population directly served by your request and whom will benefit.

Provide a brief history of the applicant organization along with current board members.

Describe the project outcomes you wish to achieve and how you plan to keep record of the achievements.

Submit a budget that lists all proposed expenditures for the project and all revenue needed for the project, noting where funds have been secured or requested.

I agree to comply with the grant application requirements and criteria as follows:

1) The applicant will spend funds solely for the purposes stated in the application. The applicant will refund any dollars that are used outside of this purpose. In addition the applicant will submit a final report, within one year, in a format provided by BCF, including a financial statement documenting the expenditure of grant funds.

2) The applicant will recognize the BCF in all appropriate publicity connected to the program or project.

3) The applicant understands all grant application are subject to final review and approval by the Southeast Minnesota Initiative Fund (SMIF) and may be modified as deemed necessary by the BCF.

4) The applicant understands that by submitting this application to the BCF for review, a grant in not guaranteed.

I certify the information contained is accurate to the best of my knowledge and have the authority to apply for the funds requested.

_____

Authorized Signature Date

(By typing electronic signature above, the person signing certifies the accuracy of the information provided in this grant application.)

Title:_____

Grant application and any supporting documents can be mailed, emailed or hand delivered as follows:

Mail: Byron Community Foundation
Attn: Grant Application
PO Box 551
Byron, MN 55920

Email: byroncommunityfoundation@gmail.com

Hand Deliver to any current board member

Questions on this application:
Please call a board member listed on the website, smifoundation.org/Byron/contact

Byron Community Foundation Statement:

The Byron Community Foundation is dedicated to strengthening and enhancing our community by engaging our citizens, building a sense of community, and connecting resources where needed.