The St. Charles Area Community Foundation (SCACF) provides grants to support programs and projects that improve the quality of life and build a stronger community in the greater St. Charles area. The foundation is primarily interested in funding new and innovative projects or programs that build on existing strengths of an organization or the community.

**Requirements**

Proposals **must** be submitted by a 501(c) nonprofit organization or a unit of government, such as municipalities, townships, and school districts. Include a copy of the IRS Determination Letter if the applicant is a 501(c) organization. Applicants that are not tax-exempt nonprofit organizations must apply through a suitable fiscal agent willing to accept responsibility for the project. Generally, SCACF does not make grants to political campaigns, organizations that discriminate, individuals, religious organizations that are purely denominational or sectarian in purpose, or for general operating budget items of tax-supported educational institutions.

As a condition of the grant approval, grantee agrees to the following:

- Display SCACF logo on all printed/digital promotional materials as a sponsoring partner of the event/program.
- Provide SCACF board a short synopsis of the program results and pictures for SCACF use.

**Criteria**

Grants are awarded as funding permits. The SCACF Board of Directors uses the following criteria when reviewing and evaluating applications:

- **Focus Area:** The population directly benefiting from the project is in the greater St. Charles area.
- **Need or Impact:** There is a demonstrated need in the community for the project or service, and the funding would have direct and/or indirect significant impact on the community.
- **Collaboration:** There is an overall effort to collaborate and pool resources with other area organizations to make the project a reality.
- **Sustainability:** There is a reasonable potential of the organization to be able to maintain such a program or project, if applicable, into the future.
- **Measurability:** The project has clear goals and outcomes that are measurable.

In addition to the above criteria, **preference** is given to the following:

- Projects that have the greatest potential for long-term community benefits.
- Projects that meet community needs not currently being met.
- Projects that promote volunteer participation and citizen involvement in meeting community needs.
- Projects with a high potential for success, as demonstrated by the organization’s degree of commitment and the ability to obtain needed resources to plan, organize, implement and complete the project with integrity.
ST CHARLES AREA COMMUNITY FOUNDATION
GRANT APPLICATION

ORGANIZATION INFORMATION

Name of Organization
Address City, County, State, Zip Federal Tax ID Number
Phone Fax Web site

Name of Contact Person Regarding this Application Title Phone E-mail

Tax Status:

☐ 501(c)(3)* ☐ Public Agency (government created)
☐ Unit of Government ☐ Other (describe and attach appropriate documentation)

*Please attach a copy of your IRS Determination letter, indicating your organizational status.

If you plan to use a fiscal agent please include contact information below, including their Federal Tax ID Number. Fiscal agent must sign grant agreement and accept oversight of the project.

________________________________________________________

Signature of Fiscal Agent

PROPOSAL INFORMATION

Project Title:_________________________________________ Amount Requested: $____________________
Project Start Date: ____________ Project End Date: ____________ Total Project Cost: $______________

Please give a 2-3 sentence summary of request:

Population Served by the project: __________________________________________________________

Indicate the projected number to be served by your project:

___People ___ Agencies ___Businesses ___Communities

St. Charles Area Community Foundation  May 2021
PROPOSAL NARRATIVE

Provide a brief narrative that answers each of the following points. This narrative should be less than two pages and include:

Organizational History – Briefly describe your organization. Attach copy of IRS Determination letter, if applicable.

Program Goals – What does the project hope to accomplish? What is your focus?

Program Objectives – These are the clear, specific, and measurable outcomes of the project. State the who, what, where, and when.

Methods – How are you going to accomplish the goals and objectives? What combination of activities and strategies have you selected to bring about the desired results? Why did you select this approach, given all of the possible approaches?

Evaluation – How will you measure your results?

Budget – Please fill out the attached budget page. In addition, provide a budget justification, detailing the items listed on the budget page (i.e. consultant hired for 200 hours at $25/hour). The more specific you are the better.

If you have any questions, please contact Amy Berends, president of the St. Charles Area Community Foundation, at 507-259-9930 or email at amyberends@gmail.com.

Please submit the completed application to:
St Charles Area Community Foundation
c/o Grant Committee
PO BOX 743
St. Charles, MN  55972

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 funds requested.

Name and title of top paid staff or board chair: ________________________________________________

Signature of top paid staff or board chair: ________________________________________________

Date: ______________________________________

The St. Charles Area Community Foundation is organized as an endowed, designated fund of the Southern Minnesota Initiative Foundation (SMIF).

St. Charles Area Community Foundation  May 2021
A. How much will your total project cost? ______

B. How much are you requesting from the St. Charles Area Community Foundation? ______

C. How much have you or will you receive from other contributors? ______

(B + C must equal A)

D. List how this money and other contributions will be spent:
   ___________________________________________________________
   ___________________________________________________________
   ___________________________________________________________
   ___________________________________________________________
   ___________________________________________________________
   ___________________________________________________________
   ___________________________________________________________
   ___________________________________________________________

(The total of D must equal A)

E. How many hours do you estimate that people will spend working on this project? ___________________________________________________________

F. List any “in-kind” contributions (In-kind contributions are gifts of goods or services instead of cash):
   ___________________________________________________________
   ___________________________________________________________
   ___________________________________________________________
   ___________________________________________________________
   ___________________________________________________________
   ___________________________________________________________