



Large Grant Application

Hand write in form or reprint information on separate sheet of paper.

Date of Application: _____

Project Dates: _____

Organization Information

Name of Organization: _____

Legal Name, if different: _____

Address: _____ City, State, Zip: _____

Phone: _____ Fax: _____ Web Site: _____

Email: _____ Employer Identification Number (EIN): _____

Name of top paid staff: _____ Title: _____

Phone: _____ Email: _____

Name of contact person regarding this application: _____

Title: _____ Phone: _____ Email: _____

Is your organization an IRS 502 (c) (3) not-for-profit? Yes No

If no, is your organization a public agency/unit of government? Yes No

If no, check with funder for details on using fiscal hosts.

Fiscal Host Name: _____ EIN Number: _____

Address: _____ City, State, Zip: _____

Proposal Information

Please give a 2-3 sentence summary of request: _____

This project is located in: The Benton Cooperative Telecommunications Company Service Area
 Outside the Benton Cooperative Telecommunications Company Service Area and within the county of a community served by the company.

Funds are being requested for: Healthy Living Basic Human Needs and Services
 Education and Personal Development Community Development

Budget

Dollar amount requested: \$ _____ Total project budget: \$ _____

Total annual organization budget: \$ _____ Fiscal year end: _____

Authorization

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

Signature: _____

Grant Application

Proposal Narrative

Please use the following outline as a guide to your proposal narrative.

I. Organization Information

- A. Brief summary of organization history, including the date your organization was established.
- B. Brief summary of organization mission and goals.
- C. Brief description of organization's current program or activities, including any service statistics and strengths or accomplishments. Please highlight new or different activities, if any, for your organization.
- D. Your organization's relationship with other organizations working with similar missions. What is your organization's role relative to these organizations?
- E. Number of board members, full-time paid staff, part-time paid staff and volunteers.

II. Purpose of Grant

- A. Situation: What is your need, opportunity, challenge, or issue that your proposal addresses?
- B. Community: Who and where will your proposal serve and/or impact and who was involved in determining the need your proposal addresses?
- C. Activities:
 - 1. What are the goals of the situation described above?
 - 2. What are the objectives or ways you will meet the goals?
 - 3. What specific activities will receive the direct funding?
 - 4. Who will carry out these activities?
 - 5. What is the time frame this will take place?
 - 6. How will the proposed activities benefit the community in which they will occur? Be as clear as you can about the impact you expect to have in measureable terms, if possible.
 - 7. If applicable, How will you sustain this activity? What are your long-term funding strategies?

III. Evaluation

- A. Please describe your criteria for success. What do you want to happen as a result of your activities?
You may find it helpful to describe both immediate and long-term effects.
- B. How will you measure these changes?
- C. Who will be involved in evaluating this work (staff, board, constituents, community, consultants)?
- D. What will you do with your evaluation results?

Grant Application

Attachments

Please include the following attachments:

1. Finances

- Most recent financial statement from most recently completed year, audited if available, showing actual expenses. This information should include a balance sheet, a statement of activities (or statement of income and expenses) and functional expenses.
- Organization budget for your current year, including income and expenses.
- Project budget, including income and expenses.
- Your most recent completed 990 tax return form.
- Additional funders. List names of corporations and foundation from which you are requesting funds, with dollar amounts, indicating which sources are committed or pending.

2. List of board members and their affiliations.

3. Brief description of key staff, including qualifications relevant to the specific request.

4. A copy of your current IRS determination letter (or your fiscal host's) indicating tax-exempt 501 (c) (3) status. Disregard if sent with Inquiry Form.

5. If an employee of Benton Cooperative Telephone Company is involved with your organization, list names and involvement.

Proposal Checklist

Please include the following in your proposal.

- | | |
|---|---|
| <input type="checkbox"/> Cover letter | <input type="checkbox"/> List of additional funders. |
| <input type="checkbox"/> Cover sheet | <input type="checkbox"/> List of board members and their affiliations |
| <input type="checkbox"/> Proposal narrative | <input type="checkbox"/> Brief description of key staff. |
| <input type="checkbox"/> Organization budget | <input type="checkbox"/> Project Budget |
| <input type="checkbox"/> Financial statements, preferably audited, showing actual expenses including:
<input type="checkbox"/> Balance sheet
<input type="checkbox"/> Statement of activities
<input type="checkbox"/> Statement of functional expenses
<input type="checkbox"/> Most current operating financial statement | <input type="checkbox"/> Confirmation letter of fiscal host, if required. |

Please send complete proposal to:

Cheryl Scapanski, Director
2220 125th St. NW
Rice, MN 56367

cscapanski@bctelco.net

Organization Budget

This format is optional and can serve as a guide to budgeting. If you already prepare an organization budget that contains this information, please feel free to submit it in its original form. Feel free to attach a budget narrative explaining your numbers if necessary.

<u>Source</u>	<u>INCOME</u>	<u>Amount</u>
<i>Support</i>		
Government grants		\$ _____
Foundations		\$ _____
Corporations		\$ _____
United Way or other federated campaigns		\$ _____
Individual contributions		\$ _____
Fundraising events and products		\$ _____
Membership income		\$ _____
In-kind support		\$ _____
Investment income		\$ _____
 <i>Revenue</i>		
Government contracts		\$ _____
Earned income		\$ _____
Other (specify)		\$ _____
_____		\$ _____
_____		\$ _____
_____		\$ _____
Total Income		\$ _____

<u>Item</u>	<u>EXPENSES</u>	<u>Amount</u>
Salaries and wages		\$ _____
Insurance, benefits and other related taxes		\$ _____
Consultants and professional fees		\$ _____
Travel		\$ _____
Equipment		\$ _____
Supplies		\$ _____
Printing and copying		\$ _____
Telephone and fax		\$ _____
Postage and delivery		\$ _____
Rent and utilities		\$ _____
In-kind expenses		\$ _____
Depreciation		\$ _____
Other (specify)		\$ _____
_____		\$ _____
_____		\$ _____
Total Expense		\$ _____
Difference (Income less Expense)		\$ _____

Project Budget

This format is optional and can serve as a guide to budgeting. If you already prepare project budgets that contain this information, please feel free to submit them in their original forms. Feel free to attach a budget narrative explaining your numbers if necessary.

INCOME

<u>Source</u>	<u>Amount</u>
<i>Support</i>	
Government grants	\$
Foundations	\$
Corporations	\$
United Way or other federated campaigns	\$
Individual contributions	\$
Fundraising events and products	\$
Membership income	\$
In-kind support	\$
Investment income	\$
 <i>Revenue</i>	
Government contracts	\$
Earned income	\$
Other (specify)	\$
	\$
 Total Income	 \$

EXPENSES

<u>Item</u>	<u>Amount</u>	<u>%FT/PT</u>
Salaries and wages (breakdown by individual position and indicate full- or part-time.)	\$	
	\$	
	\$	
	\$	
	\$	
SUBTOTAL	\$	
Insurance, benefits and other related taxes	\$	
Consultants and professional fees	\$	
Travel	\$	
Equipment	\$	
Supplies	\$	
Printing and copying	\$	
Telephone and fax	\$	
Postage and delivery	\$	
Rent and utilities	\$	
In-kind expenses	\$	
Depreciation	\$	
Other (specify)	\$	
	\$	
Total Expense	\$	
Difference (Income less Expense)	\$	