Detroit Lakes Area Community Foundation

Grant Cycles/Deadlines: Grant applications are reviewed on a quarterly basis. Grant applications must be emailed by: January 1, April 1, July 1 or October 1.

Grant applications submitted after these deadlines will not be reviewed until the following quarter.

Eligibility: All funds must be granted to a 501(c)3 fiscal agent or a unit of government. Provide a copy of your IRS Determination Letter for your tax exempt status with your application.

Foundation guidelines restrict the use of funds to the Detroit Lakes Area. We normally fund start-up activities, capital improvements, equipment and special program needs. It is not our policy to fund on-going expenses of an endeavor or to fund an individual person.

Page Limits: Please limit your application to the three page application form. The Foundation requests only essential information; therefore we require a concise, brief overview of your organization and/or project. If we require additional information from you, we will request that information from you.

Please use the application form. Email the signed application with attachments to the DLACF Chairperson at the email listed below. If you need to use U.S. Mail, our mailing address is: Detroit Lakes Area Community Foundation, PO Box 1340, Detroit Lakes, MN 56502.

Size of Awards: The Detroit Lakes Area Community Foundation uses the earnings on its endowment fund to make grant awards in the Detroit Lakes Area. Each July the earnings are analyzed to set the limit of available grant dollars for the coming year. Grants are generally between $1,000 and $5,000. If an organization has recently received funding from the Foundation, subsequent grants may be considered with additional applications, one per year.

Questions: Feel free to contact and of the members of the DLACF board with questions regarding the application, qualifications or application and review process.

Chairperson: Kate Spaeth: ktspaeth@hotmail.com, 218-234-9131. Vice President: Anna Schmitz: alisabeth76@gmail.com, 701-219-0339.
Detroit Lakes Area Community Foundation

Grant Application

Organization Name: __________________________________________

Address: __________________________ Phone: __________________

City: __________________________ State: _____ Zip: ______

Contact Person: _____________________ Title: __________________

E-mail: ____________________________

Project Title: ____________________________________________

Amount Requested:___________ Total Project Cost:____________

Project Period: From: _______________ To: _________________

Organization Tax Status:

( ) 501 (c) 3 Non-Profit Organization

( ) Public Agency (Government Created)

( ) Unit of Government

( ) Other: ____________________________

Briefly description the organization, including goals, purposes, and a short history:

Briefly describe the project for which funds are being requested, what it is will achieve, and how it will be accomplished.
Name and qualifications of individuals responsible for implementing this project:

Other funding sources to be used to support this project; please include a description of the project’s future funding plans, where appropriate:

Any other information you would like the Foundation to consider regarding your application:

CERTIFICATION: I certify that the information contained in this grant application is true and correct to the best of my knowledge and belief, and that I have the authority to apply for the funds requested on behalf of the organization listed above.

_______________________________________
Signature

_________________________ __________
Title Date
Detroit Lakes Area Community Foundation Grant Application

Project Budget Form

**INCOME** (Please do not include in-kind donations or funding)

Detroit Lakes Area Community Foundation $_________

Other Foundations $_________

Program Income (Fees, etc.) $_________

Local Contributions $_________

Other (Please Specify) ______________________ $_________

TOTAL INCOME: $_________

**EXPENSES** (Cash and In-Kind)

Salaries and benefits $______________/________________

Travel $______________/________________

Telephone $______________/________________

Postage and Printing $______________/________________

Occupancy (Rent, Util., Ins.) $______________/________________

Supplies $______________/________________

Equipment $______________/________________

Contracted Services $______________/________________

Administrative Expenses $______________/________________

Other (Please Specify)____________________ $______________/________________

TOTAL EXPENSES $______________/________________