



Park Nicollet

Park Nicollet Foundation
6500 Excelsior Blvd.
St. Louis Park, MN 55426
952-993-5023

FOR OFFICE USE ONLY

Request #: _____
Date Received: _____ GPR _____
Amount: \$ _____
Fund: _____
Fund #: _____
Approved by: _____
Date: _____

Healthy Community Grant Application

See [checklist](#) - page 2

Organization name				EIN #	
Phone		Fax		Web site	
Street address			City		State
					Zip
Contact person and title				E-mail address	
Project title and brief description with objectives (two to three sentences, maximum of 500 characters)					
Geographic area to be served (must be in Park Nicollet Health Services' service area)					
Number of people to be served by this proposal			Group to be served		
Anticipated project period				Type of request	
				<input type="checkbox"/> Ongoing project <input type="checkbox"/> New project <input type="checkbox"/> One-time request	

Total project cost: \$ _____
Complete the [project budget form](#) provided with this application.

Organization budget: \$ _____
Complete the [organization budget form](#) provided with this application.

Amount requested: \$ _____

Pledges/commitments and other funding sources applied to this project

Amount	Funding Status	Source
\$		
\$		
\$		
\$		

Have you received a grant from us before? No Yes → **This application will not be considered if we have not received a [Community Grant Performance Report](#) for prior grant(s).**

Previous Grant Amount	Date

Signature: _____ Date: _____

Title: _____

Healthy Community Grant Checklist

The Grant Committee will consider only those requests submitted with the following information:

Maximum three sheets of paper (minimum 10-point type), copied on both sides of paper, containing in order, items 2 through 13 below.

Deadlines

Requests for \$5,000 or less: accepted year-round and reviewed on a continual basis.

Requests for more than \$5,000: must be received by Park Nicollet Foundation **no later than noon on the first Friday in May.**

Check when complete

 [Return to application](#)

- 1. **Community Grant Application must be complete.**
- 2. **Provide a detailed description of your project.**
- 3. **Park Nicollet Foundation funds**
 - a. Specifically, how will Park Nicollet funds be used for your project?
 - b. What other organizations or groups will partner in this funding?
- 4. **Purpose**
 - a. How does your project meet the priorities and focus listed in the guidelines?
 - b. What top two developmental assets will be addressed? (See guidelines.)
 - c. How will this improve the health status of the community?
 - d. How will this reduce health care costs?
- 5. **Need**
 - a. What evidence of need have you gathered for this project? How have you gathered this information?
 - b. What are the consequences of not addressing this need?
 - c. How will your project impact this need?
- 6. **Approach** How do you plan to implement this project?
- 7. **Collaboration**
 - a. Who else in your community is working on this issue? How does your project differ?
 - b. How will you collaborate or partner with them? How will you facilitate the sharing of this project with other groups?
 - c. What is the community support for this project?
- 8. **Budget** Include a **detailed budget for the project**, and **organization budget**. Complete the budget forms provided with this application.
- 9. **Project funding** If you do not receive funding from all sources, how will this affect your project?
- 10. **Future funding support** How will this project be financed in the future? (Our limit: up to one grant per year. A maximum of three grants per project may be funded in a 10-year period.)
- 11. **Evaluation**
(refer to Healthy Community Grant Performance Report)
 - a. What are the program outcomes and how do you plan to measure them?
 - b. What method will be used to determine if the project has accomplished its purpose?
- 12. **Viability and Sustainability** What is your plan to sustain this project successfully?
- 13. **Organization history** Give a brief history of your organization, including its mission statement.
- 14. **Your 501(c)(3) IRS certification letter**
- 15. **List of current officers, board members and key staff**
- 16. **Most recent financial statement (preferably audited)**
- 17. **Brochure(s) or marketing material(s)**
(If funded, future materials must reference Park Nicollet Foundation's support.)

Where to apply



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Healthy Community Grant Application PROJECT BUDGET

Organization name	Date
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Income

Support Source	Amount	Funding Status P = Pending S = Secured	Explanatory Notes (use space for additional information)
Park Nicollet Foundation Grant Request	\$	P	
Government grants	\$		
Foundations	\$		
Corporations	\$		
United Way / Other federated campaigns	\$		
Individual contributions	\$		
Fundraising events and products	\$		
Membership income	\$		
In-kind support	\$		
Investment income	\$		
Revenue			
Government contracts	\$		
Earned income	\$		
Other (specify)	\$		
	\$		
Total Income	\$		

Expenses

Item	Amount	% FT/PT
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)	\$	



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Healthy Community Grant Application ORGANIZATION BUDGET

Organization name	Date
-------------------	------

Income

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

Expenses

Item	Amount
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)	\$



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FOR OFFICE USE ONLY
Grant #
Amount granted
Date GPR rec'd.

Healthy Community Grant Performance Report

(Must be completed annually or within 30 days after project completion)

Organization Information				
Organization name				
Phone	Fax		Web site	
Street address		City	State	Zip
Contact person and title			E-mail address	

Grant Information			
Date grant issued	Amount	Check one <input type="checkbox"/> interim report <input type="checkbox"/> final report	Project completion date

Project title and description of grant (maximum of 1600 characters). If space is not adequate, use a separate sheet of paper.

Report narrative

Answer the following questions on a separate sheet of paper.

1. What progress have you made toward your original goals and objectives?
2. Describe the population served or community reached during the grant period. Use numbers and demographics, such as race or ethnicity, gender and geographical area.
3. What other group(s) worked on this project? How did you partner with them?
4. How did this grant make a difference? What have you learned and what would you do differently?
5. How did this project measurably improve community health or developmental assets in youth?
6. How do you plan to share your results or findings?
7. If continued, how will your project be funded in the future?

Financials

1. If this is an interim report, attach a budget including income and expenses for the grant period *to date*. If this is a final report, attach a budget including *actual* income and expenses.
2. Include a list of additional funding, including amounts received for this project.
3. Attach printed materials acknowledging Park Nicollet Foundation's support for this project.

Attention: to be considered for another grant, this Healthy Community Grant Performance Report MUST be received before applying for new funding.