# NATURAL RESOURCES

1605 E. Capitol Avenue, Ste. 101 Bismarck, ND 58501-2102 701-223-8501

Application Deadline: April 22<sup>nd</sup>, 2024

# **2024 SMALL GRANT PROGRAM APPLICATION**

#### **APPLICANT INFORMATION**

Organization:
Address:
Primary Contact Person:
Phone:
Email:

**Organization Information:** (Briefly tell us about your organization and its capacity to complete the project in terms of expertise and experience.)

## **PROJECT INFORMATION**

Project Title:	
Project Start & End Dates:	
Target Audience: (check all bo	oxes that apply)
─ K – 12	Agriculture Producers

General Public

Underserved Communities/Population (please describe) \_\_\_\_\_

**Sustainability:** (Is your project a one-time event or building the foundation for a larger project? Check the box that applies and explain in the project description.)

One-Time Event Ongoing Project

**Project Description:** (Summarize your proposed project. Please address **1**) the purpose, location, and major activities of your project, **2**) when you plan for those activities to take place, **3**) approximately how many people you plan to educate through your project (directly and or indirectly), **4**) explain how your project addresses the statement of need, **5**) whether it is a singular project or part of something ongoing and **6**) list any partners that are involved in the project.)

#### PROJECT BUDGET

Funding Amount Request: (Check the appropriate box and fill in funding request amount.)

**1 YEAR:** Amount Requesting \$

**2 YEARS:** Amount Requesting 1<sup>st</sup> Year <u>\$</u> 2<sup>nd</sup> Year <u>\$</u>

**Budget Table:** (Provide a budget table, either in your application or in a separate attached document. Indicate total project expenditures by category and year(s). Include any match funding amounts. An example budget table is provided below for reference. You can use the table provided or create your own to fit your project needs.)

BUDGET TABLE					
	Year One		Year Two (if applicable)		
Budget Categories	Requested Funds	Match Funds	Requested Funds	Match Funds	
	\$	\$	\$	\$	
	\$	\$	\$	\$	
	\$	\$	\$	\$	
	\$	\$	\$	\$	
	\$	\$	\$	\$	
Subtotal	\$	\$	\$	\$	
TOTAL Project Cost	\$	•	(	\$	

**Budget Narrative:** (Please explain each budget category you list and how they apply to the project and what items they will cover. Define how you calculated the totals for each category. Explain where match funding is derived and how it is used to support your project budget.)

**Funding Need**: (Please explain how activities for the project would or would not move forward if you did not receive funding through the Small Grant Program.)

## **GOALS & EVALUATION**

**Project Goals and Evaluation:** (List your project goals and describe how each goal will be achieved. Please include how you plan to measure your goals and provide a preliminary estimate of your measurable goals. Explain how you plan to evaluate your goals at the end of the project.)

**Partnership Recognition**: (How would you recognize the Small Grant Program in your project if you receive funding? E.g. Trust logo on print materials created or recognition of the Small Grant Program at events)

**\*\***Please limit application length to 5 pages.