

SMALL GRANT PROGRAM APPLICATION

I. APPLICANT INFORMATION

1. **Organization:**
2. **Address:**
3. **Primary Contact Person:**
4. **Phone:**
5. **Email:**

II. PROJECT INFORMATION

6. **Project Title:**
7. **Project Abstract:** (Please provide a brief summary of your project, 2-5 sentences.)

8. **Project Start & End Dates:** (Indicate estimated start and end dates of project activities. Explain if time periods are unknown. Please do not enter grant start and expiration dates.)

Start Date: _____

End Date: _____

Explain: _____

9. **Target Audience & Message:** (check all boxes that apply and indicate the approximate number of people you plan to reach, directly or indirectly, and with what message.)

a)

K – 12

Agriculture Producers

General Public

Underserved Communities/Population (please describe) _____

- b) How many people do you plan to reach & what message do you want your target audience to learn?

10. Project Type: (Is your project a one-time event, already established or building the foundation for a long-term project? Check the box that best applies and explain.)

- One-Time Event** **Established Ongoing Project**
- Foundational (Initiating a longer-term project)**

Explain: _____

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

- 1 YEAR:** Amount Requesting \$ _____
- 2 YEARS:** Amount Requesting 1st Year \$ _____ 2nd Year \$ _____

12. Project Description: (Describe your proposed project.)

1) Purpose, location, and major activities of your project

2) Major milestones/activities (if milestones are not specific or dependent on other factors, explain)

3) Timeline with appropriate discussion

13. Statement of Need: (Explain how your project addresses the Small Grant Program Statement of Need. How well does your project align with the mission of the Trust?)

14. Organization Information: (Briefly tell us about your organization, its mission, and its capacity to complete the project in terms of expertise and experience. If applicable, provide a brief summary of the accomplishments of previous NDNRT grants.)

III. PROJECT GOALS & EVALUATION

15. Project Goals and Evaluation: (List your project goals and describe how each goal will be achieved. Please include how you plan to evaluate the success of your goals and track project completion.)

IV. PROJECT BUDGET

16. 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. A budget table is required. *You can use the table provided or create your own to fit your project needs.*)

PROJECT BUDGET TABLE				
	Year One		Year Two (if applicable)	
<i>Budget Categories</i>	<i>Requested Funds</i>	<i>Match Funds</i>	<i>Requested Funds</i>	<i>Match Funds</i>
	\$	\$	\$	\$
	\$	\$	\$	\$
	\$	\$	\$	\$
	\$	\$	\$	\$
	\$	\$	\$	\$
Subtotal	\$	\$	\$	\$
TOTAL Project Cost	\$		\$	

17. 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.)

18. Match Funding Description: (If applicable, explain where match funding is derived and how it is used to support your project budget. Provide a description of partners and their roles.)

19. 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.)

V. PARTNER RECOGNITION

20. 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.)

- > Refer to the Program Manual and Scoring Criteria for question instructions & guidance when filling out the application.
- > Please limit application length to 5 pages.