GRANT PRE-APPLICATION GUIDELINES & PROCEDURES

Rochester Area Foundation

Dedicated to community vitality since 1944

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(507) 424-2417
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www.rochesterarea.org

INTRODUCTION

Rochester Area Foundation (RAF) has been serving the greater Rochester area as a community foundation since 1944. It is a tax-exempt, private nonprofit organization that receives gifts from individuals, families, corporations, private foundations, and governmental agencies. These gifts are carefully invested for maximum return and growth. The income from the endowment is used to assist the community in addressing current and emerging needs.

Grant Program Guidelines

Grantmaking Goals

The Foundation is committed to assuming a leadership role in grantmaking to address community concerns for which sufficient resources currently do not exist. This leadership role includes:

1) Developing and implementing a grants program focused on key community needs.
2) Convening diverse constituencies to facilitate dialogue and ideas on important issues.
3) Acting as a catalyst to stimulate public-private initiatives and to leverage Foundation funds for maximum impact.

Eligibility

Pre-application will be considered from organizations whose projects are designed to benefit the residents of the greater Rochester area. Those eligible include:

1) Tax exempt 501(c) (3) organizations.
2) Units of government (cities, townships, county).
3) Government created organizations (public agencies).
4) Organizations represented by a fiscal agent.

Priorities

The Board of Trustees will seek input from the community and may adjust or modify its focus as as appropriate to assure grantmaking goals continue to meet the community's emerging needs. If you have questions about your project's compatibility with the Foundation's mission and priorities, please contact the Foundation staff for assistance.

Screening Criteria

Grant pre-applications will be scored using the following criteria: Creativity/Innovation, Community Impact, Feasibility, Collaboration, Financial Plan, Leadership, Alignment with Rochester Area Foundation Priorities, and Overall Impression. The scoring matrix can be found here. Incomplete applications will not be considered.

Time-Lines

The Foundation has two grant cycles per year. Pre-application must be received at the Foundation office by midnight on the due dates listed below for the respective grant cycle. Receipts will be acknowledged and you will be notified of your application status within four weeks following the pre-application deadline.

Applicants whose pre-applications qualify for further consideration will be asked to submit a final grant application.

Applicants should not assume any funding commitment if the Foundation asks for a final grant application.

The following time-lines are provided to assist with your planning:

	Cycle 1	Cycle 2
* Pre-Application Due	January 1	August 1
* Foundation Notification	January	August
* Grant Application Due	February	September
* Funding Decision Notification	March	October

Restrictions

In general, the Rochester Area Foundation does not award grants to the following:

* Individuals
* Endowments
* Annual Campaigns
* Ongoing General Operating Funds
* Proposals That Duplicate Existing Services

* Political Activities
* Religious Activities
* Replacement of Government Funding
* Deficit Funding

Questions/Assistance

Please contact: Jane Angelone   Phone: (507) 424-2417
12 Elton Hills Dr NW   Fax: (507) 282-4938
Rochester, MN 55901   jane@rochesterarea.org

ROCHESTER AREA FOUNDATION

Date of application: _____

General Information

Name of organization   *Date Established*

_____

Address   *City, State, Zip*

_____

Phone   *Fax*

_____

Contact Person   *Title*   *E-mail*   *Phone*

_____

Project Director   *Title*   *E-mail*   *Phone*

_____

Agency Information

General description of organization and purpose:

_____
_____
_____
_____

Population served: (including numerical estimates for last year)

_____

Principal geographic area of service:_____

Organization's fiscal year:_____

Total operating expenses for the past fiscal year $ _____   budget for current year $ _____

Has the governing board approved a policy which states that the organization does not discriminate as to age, race, religion, sex or national origin? Yes_____   No_____

Does organization have FEDERAL tax exempt status? Yes_____   No_____   Tax ID #:_____

   If no, please explain: _____

   If no, does organization have a fiscal agent? Yes_____   No_____   (enclose a copy of the fiscal agent agreement)

Upload a current list of your Board of Directors or governing body member list and their respective organization/affiliations

Upload a current list of the organization's staff

Has request been authorized by the organization's governing body?

Yes_____   No_____   Date authorized_____

*From*_____   *To*_____
Project Duration (MM-DD-YYYY)

1. Briefly describe the project:

2. Describe the need your project will address. What are the dimensions and scale of the need? How have you documented this? If successfully implemented, how will the project impact the community?

3. What other organizations/community leaders did you involve in planning the project? What would their involvement be in carrying out the project? Please describe how the collaboration will deliver services.

4. What outcome goals have you established for the project?

5. How will the project be administered? Please describe the experience of the board and management staff that will support the success of this project.

Financial Information

1. Total grant request: $_____

In order to evaluate your pre-application, additional financial information about your grant project are required. Please click here to [download the financial information spreadsheet template](#), fill it in, then upload the completed spreadsheet below.

4. Total cost of project: $_____

Budget Projection Narrative

For ongoing projects, please describe the financial plan to sustain the project. Discuss funding sources that are unsecure and the plan to obtain support. Please discuss contingency plan if funding is not secure.

Submission

Signature of Authorized Representative
Print Name
Date