GRANT PRE-APPLICATION GUIDELINES & PROCEDURES



Dedicated to community vitality since 1944

12 Elton Hills Drive NW Rochester, MN 55901 (507) 424-2417 Fax (507) 282-4938

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:

	<u>Cycle</u> I	<u>Cycle 2</u>
* Pre-Application Due	January I	August I
* 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

PRE-APPLICATION FOR GRANT PROGRAM

Date of application:

	General Info	ormation	
Name of organization		Date Established	
Address		City, State, Zip	
Phone		Fax	
Contact Person	Title	E-mail	Phone
Project Director	Title	E-mail	Phone
	Agency Info	rmation	
General description of	organization and purpose:		
_			
Population served: (inc	cluding numerical estimates for last y	vear)	
Principal geographic are	ea of service:		
Organization's fiscal yea	ar:	-	
Total operating expenses for the past fiscal year \$		budget for	current year \$
	rd approved a policy which states thational origin? Yes No		oes not discriminate as to age,
Does organization have	e FEDERAL tax exempt status? Yes_	No Ta	
If no, does organization	on have a fiscal agent? Yes	No (enclose a	copy of the fiscal agent agreement)
Upload a current list of organization/affiliations	fyour Board of Directors or govern	ing body member list	and their respective
•	f the organization's staff		
•	orized by the organization's governi	ng body?	
Yes No	L)ate authorized		

	Project Information				
	oject Duration (MM-DD-YYYY) 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		
Total grant request:	5	
, ,	pplication, additional financial information about your grant project are requred. he financial information spreadsheet template, fill it in, then upload the completed	
	Budget Projection Narrative	
• • • •	scribe the financial plan to sustain the project. Discuss funding sources that are support. Please discuss contingency plan if funding is not secure.	
	Submission	

Signature of Authorized Representative Print Name
Date