

Hunger and Homeless Grant Application Form



REQUEST SUMMARY

Agency Name:

Dollar amount requested from Open Your Heart:

Please provide a one to three sentence summary of your funding request. This summary should succinctly articulate the proposed work, define the beneficiaries, and describe the impact.

AGENCY INFORMATION

Employer Identification Number (EIN) If using a fiscal agent, please list the legal name of your fiscal agent and their EIN.

Name of Contact Person

Contact Title

Contact Phone

Contact Email

Total agency annual operating budget for current fiscal year:

What are your unrestricted reserves (from your audit/990, also called "Unrestricted Net Assets", if none, please enter "0"):

a. Please briefly describe the intended plan or purpose for your agency reserves. (175-character limit.)

Number of paid staff (in FTEs) at your agency:

Are your services open and free to all those in need? In not, please explain.

In the past year, have you served more, about the same or less individuals than the year before?

More

- The Same
- Less
- Not Sure

Have you had to turn anyone away (from the program you are requesting funding for) in the last year due to lack of resources? If yes, how many?

Fiscal Year Financial Statement (Your most recently completed fiscal year statement. This is different from your audit; however, you may pull this statement from your audit. This statement should include your budget, income, expenses and funds in reserve.) **Upload as an attachment.**

Year-to-date Financial Statement (This statement should include your budget, income, expenses and funds in reserve from the end of your last fiscal year to today or the end of last month.) **Upload as an attachment.**

Audit or 990, if applicable (Your most recent audit or 990 if your agency files one.) **Upload as an attachment.**

REQUEST FOR FUNDING

How would you classify the program for which you are requesting funding? **Pick one:**

- Emergency Shelter
- Food Shelf
- Street Outreach
- Domestic Violence Shelter
- K-12 School
- Transitional Housing
- Permanent Housing
- Onsite Feeding Program
- Drop-in Center
- Other

If "Other", please specify:

How would you classify the focus of your request? **Pick one:**

- Opportunity for Learning and Development
- Infrastructure/Equipment
- Additional Resources
- Other

If "Other", please specify:

Dollar amount requested from OYH:

Total budget for this project (may exceed amount of grant request):

Organization History. Summarize the organization's history, mission and goals. Please be brief in your response and focus on programs directly impacted by this request for funding. (2,000-character limit)

Population Served. Provide a brief description of the people you serve including barriers they face, relevant demographics and statistical data. (2,000-character limit)

Programs and Services. Describe how your programs and services address your community's specific challenges and opportunities. Please focus on the program(s) impacted by this request for funding. (2,000-character limit)

Impact. Describe your request for funding, and how it will impact your organization and the people you serve (2,000-character limit).

Number of people served annually by the program impacted by this grant request (duplicated):

Please check all that apply:

- This grant will remove barriers for persons experiencing homelessness and/or food insecurity.
- This grant will allow us to improve the quality of the services we provide.
- This grant will allow us to increase the quantity of the services we provide.

What will happen to this project if you do not receive this grant or if you only receive a partial award?

If you were to receive a partial grant, what part of your request would you prefer to have funding for? What would be the priority?

If this request is part of a larger project, describe the larger project (2,000-character limit).

What are the expected start and end dates for this project?

Please briefly describe the kinds of resources (monetary and otherwise) needed for this project and your efforts to secure funding (2,000-character limit).

Please list other funding sources if the total project cost exceeds the amount of this grant request. If you plan to use your own funds to cover the remaining expenses, please indicate so. For each funding source please list the name of the funding source, dollar amount you applied for, the date you applied, and the status of the funding as either received, denied or pending.

Source of Funding	Amount (\$)	Date Applied	Status
	\$		<input type="checkbox"/> received <input type="checkbox"/> denied <input type="checkbox"/> pending
	\$		<input type="checkbox"/> received <input type="checkbox"/> denied <input type="checkbox"/> pending
	\$		<input type="checkbox"/> received <input type="checkbox"/> denied <input type="checkbox"/> pending
	\$		<input type="checkbox"/> received <input type="checkbox"/> denied <input type="checkbox"/> pending
	\$		<input type="checkbox"/> received <input type="checkbox"/> denied <input type="checkbox"/> pending

Is this request for remodeling work?

- Yes
- No

If your request will alter your space in anyway (i.e., plumbing, electrical, exterior, etc.) please explain who owns the facility to which you are making improvements. If you are leasing the facility, please indicate the year your lease ends and why the building owner is not making the requested improvements. Please put N/A if not applicable. **Also attach at least 2 estimates** from private contractors for the work described (2,000-character limit).

Please provide a detailed list of items for the parts of the project covered by this grant request. **DO NOT** list items **NOT** covered by this request. For each item please list the name of the item, the quantity of the item you are requesting, the cost per item, and the total dollar amount of all items (which must match the dollar amount requested from OYH). **A full project budget should be presented as an attachment for large projects.**

Item	Quantity	Cost Per Item	Subtotal
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
Total amount requested from OYH (should match line 1)			\$

If you are asking for funds to replace something and would like us to see it, you can upload a picture of it here. (Optional)

If awarded this grant, do you have local media sources/contacts that we could alert of this grant?

GRANT AGREEMENT

I, (Enter Name of Executive Director or Board Chair), certify that the information presented in this application is accurate to the best of my knowledge.

By submitting this application electronically, I agree that the purpose of (Enter the Name of Your Agency) (AGENCY) is to assist those experiencing hunger and homelessness in the State of Minnesota; and that we have applied for funds from Open Your Heart to the Hungry and Homeless (OYH) to address the needs of those we serve.

If this grant is awarded, I agree:

1. That AGENCY will not use grant funds for any purpose not specified in the award letter, unless OYH provides prior written consent.
2. The AGENCY will complete the Grant Closure Form, which will be sent to you if your grant is approved. The AGENCY agrees to complete this form and send any unused portion of the grant funds to OYH within 45 days after the end of the grant project.
3. This grant will not be assigned to a third party without OYH’s prior written consent.
4. This grant may be terminated at any time, with or without cause, by either OYH or the AGENCY upon 15 days written notice to the other party. In the event of termination, the AGENCY agrees to return all unexpended portions of the grant to OYH within five days.
5. OYH may use information provided by the AGENCY in this application or in the Grant Closure Form for marketing purposes.