



Stephen Area Endowment Fund

"For Good...forever."

P.O. Box 630

Stephen, Minnesota 56757
www.stephenmn.com

PROPOSAL FOR FUNDING

Applications must be received by June 1 2025, to be considered for funding.

Organization Information

Applicant organization _____

Address _____

City _____ State _____ Zip _____

Contact person/title _____

Telephone# _____ Fax# _____ Email Address _____

Grant recipients **MUST** be non-profit with tax-exempt status. Grant Applicants may use a Fiscal host, such as the City of Stephen or the Stephen-Argyle Central School District. If you are using a Fiscal Host, you must have an agreement with the Fiscal Host before submitting a grant application.

IRS tax-exempt status (check one):

☐ Public

☐ 501(c)(3) Federal ID# _____

☐ Other (List Organization hosting grant) _____

Project Title _____

Project duration (list beginning and end dates) _____

Brief Summary of your request _____

Geographic area to be served by project _____

The Stephen Area Endowment Fund of the Northwest Minnesota Foundation (NMF) is committed to fairness, objectivity and non-discrimination in its funding policies.

PROJECT DESCRIPTION (If additional space is needed to address the questions below, please use the back of this form.)

1. Briefly outline your implementation plan and project timeline.

2. How will your project benefit and enhance the community of Stephen?

3. Who will help you? (Discuss the role of any collaborative partners and financial commitments.)

FINANCIAL INFORMATION

Total project cost \$ _____

Amount requested from Stephen Area Endowment Fund of the Northwest Minnesota Foundation (NMF) \$ _____

Other resource sources for this project (include cash, materials, labor or other in-kind support):

Source	Resource Requested	Committed or Pending	Date of Commitment
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Upon project completion Grant recipients are required to submit a final report regarding projects. Failure to submit a final report will make your organization ineligible for future Grants, until such time as a report is submitted.

Executive Director, Board Chair or Committee Chair (of the requesting organization)

Signature _____

Date _____

ATTACH ADDITIONAL INFORMATION OR PHOTOS AS NEEDED