

Grant Application Guidelines

The Park Rapids Area Community Fund invites grant applications in support of charitable, educational and public purpose projects that will help the greater Park Rapids community address the challenges and opportunities that are central to our future in the area. The Fund is a tool for positive change to position our community for long-term success and prosperity.

Grants will be considered from any nonprofit organization or public agency whose project addresses one of the following priorities: education and youth, community character, recreation and cultural opportunities, health care, expanding leadership, drug and alcohol awareness.

Special consideration will be given to projects that align closely with PRACF priorities, collaborates with others, utilizes matching funds (either cash or in-kind) and provides a long-term community impact. Grants are not intended to be used for construction or general operating support.

Applications are available at the Park Rapids Chamber of Commerce or you may call/email at 218-732-4111 or president@parkrapids.com for a copy to be sent to you. Previous recipients must submit a report for grants received prior to being eligible to apply for the current grant round. An electronic copy of the application can be downloaded from www.nwmf.org, under grants, then open grant rounds or on the Park Rapids Area Chamber website at www.parkrapids.com.

Park Rapids Area Community Fund grant applications are due November 15, 2024.

Mail or deliver one copy to the Park Rapids Area Community Fund, PO Box 249, Park Rapids, MN 56470. Completed applications may also be dropped off at Park Rapids Chamber of Commerce, 1204 Park Avenue South in Park Rapids. Grants will be determined by December 10.

Grants are made possible through the generous donations of Park Rapids residents, businesses and friends who desire to give back to our community. To contribute to the grant fund and make a lasting impact on your community, please visit www.nwmf.org/give-now and select the Park Rapids Area Community Fund as the recipient of your donation.

The Park Rapids Area Community Fund (PRACF) is a component fund of the Northwest Minnesota Foundation, a 501 c (3) organization.

PRACF is committed to enhancing or improving the quality of life for residents and/or visitors of the Park Rapids area.







GRANT APPLICATION

ORGANIZATION INFORMATION							
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Name of Organization							
Address		City, Cou	ınty,	, Sta	ite, Zip	Federal Tax ID Nu	mber
Phone		Fax				Web site	
						D.	
Name of Contact Person Regarding this Application		Title				Phone	E-mail
Tax Status:							
□ 501(c)(3)*		Public Ag	geno	cy (g	government create	d)	
☐ Unit of Government ☐		Other (de	escr	ribe	and attach approp	riate documentatio	n)
*Please attach a copy of your IRS Determination letter	. ind	licatina vo	our	orac	anizational status		
If you plan to use a fiscal agent please include contact information below, including their Federal Tax ID Number.							
Fiscal agent must sign grant agreement and accept over	rsigh	nt of the p	roje	ect.			
	PR	POPOSAI	I IN	JFO	RMATION		
Project Title:	1 1	(O) O3A	L IIV	VI	MINIATION		
Project Duration (Start/End Date):							
Have you been awarded PRACF Funds previously?		☐ Yes	;		No		
Is it geographically within Park Rapids School District?		☐ Yes	;		No		
Please provide an overview of the intended project:							
Population demographic to be served by the project and	d nu	ımber					
of people affected:							
Total Project Cost \$					Amount Request	ed \$	
- Action 1 to Justice 2001 Q					, o a		
Any questions, contact Derek Ricke at the Park Rapids C	Cham	nber of Co	omm	nerc	e Phone (218) 7	'32-4111 Email pre	sident@parkrapids.com
Please submit completed application to: Park Rapids Area Community Fund, PO Box 249 Park Rapids MN 56470 or drop off at 1204 Park Ave S.							
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I certify that the information contatined in this grant application	on is	AUTH				ledge. I have the auth	ority to apply for the funds
requested.	J.1 13	ac ana c	5,, 5	0	are sest of my know	.cage Have the udth	one, to apply for the junus
Name and title of ton paid staff or board shair.							
Name and title of top paid staff or board chair:							
Signature of top paid staff or board chair:						Date:	

PROPOSAL DESCRIPTION

(Please limit information to this sheet. Do not submit additional materials unless requested.)

1) Describe the Organization and any collaborative partners/financial commitments.
2) Please describe the opportunity, challenge, issue or need that the grant project addresses.
3) How will the project address the above situation? What does the project hope to accomplish? Please explain the specific and measurable outcomes of the project.
4) How will results be measured?

WORK PLAN & BUDGET				
A) How much will total project cost?	_ \$			
B) How much funding have you received to date?	_\$			
C) How much additional funding do you expect to receive from other contributions?	_\$			
D) How much are you requesting from the Park Rapids Area Community Fund?	\$			
E) How many people and hours do you estimate will be spent working on this project?				
# of people # of hours				
F) List any "in-kind" contributions (In-kind contributions are gifts of goods or services instead o	f cash): Value \$			

G) How will the grant funds be spent and what impact would they have on the project?