

CROW WING POWER COMMUNITY TRUST
PO BOX 507
BRainerd, MN 56401
218-829-2827 | 800-648-9401 | INFO@CWPOWER.COM

IMPACT GRANT APPLICATION

Name of Organization: _____ Date: _____

Address: _____

Contact Person: _____ Email: _____

Phone: _____

Is Organization: ☐ For Profit ☐ Non-Profit ☐ 501(c)3- Tax Exempt

Geographic Area Served by Organization: _____

Circle Category funds will benefit:

Service Programs

Crisis-Emergency
Relief

Youth and Senior
Education

Health and Wellbeing

Amount needed for total project: *(required)* _____

Amount requested from Round-Up® Fund: *(required)* _____

The information contained in this application is for the purpose of obtaining funding from the Crow Wing Power Community Trust on behalf of the undersigned. We understand that the information is confidential, for the Trustees review only. The information provided is true and complete.

Signature (title): _____

Required: Please include Previous year audited financial statement, current year financials (profit & loss), and Impact Project Budget Expense and Revenue.



IMPACT GRANT NARRATIVE *Include additional pages as necessary*

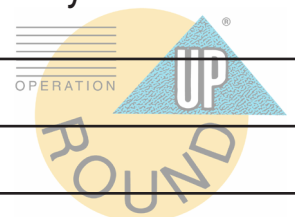
The purpose of the Impact Grant will be to give a boost to a unique project/program, organization or community to ensure its success.

Annually at the April meeting the Community Trust board will review applications for an Impact Grant up to \$12,000. Applicants must show that this one time grant would have a major impact for their project, organization or community. The organization needs to show that they have a history of success, or if a start-up project, the business plan must make a significant enhancement to the organization. Funding will not be considered for continuing operations.

Provide a brief summary of your organization's mission and goals: (250 words or less)

Describe the specific project/program you are proposing and what the grant will support:
(250 words or less)

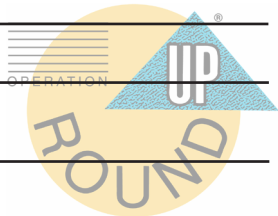
Describe the outcome/impact you anticipate achieving through the funded project or program, including how it will serve the community and how the community will be better as a result: (250 words or less)



Explain how you will fund and sustain this project/program beyond this grant? (250 words or less)

Include other funding sources for this project/program. Is there a matching grant for this project? (250 words or less)

Will this project be voluneer based? (250 words or less)



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GRANT APPLICATION IMPACT PROJECT BUDGET

Impact Project Expenses

Expense Category	Budget
Salaries and wages	_____
Insurance, benefits, and other related taxes	_____
Consultants and professional fees	_____
Travel/Mileage	_____
Equipment	_____
Supplies	_____
Printing and copying	_____
Telephone, Technology, etc.	_____
Postage and delivery	_____
Rent and Utilities	_____
In-Kind expenses	_____
Other (specify)	_____
_____	_____
Event speakers, activities, catering, etc.	_____
Communication and outreach, web & social media	_____
Total Expenses:	_____

Impact Project Revenue:

Revenue Category

Revenue Budget

Your organizations financial contribution

Grants (secured or pending).....

Donations (secured or pending).....

Sponsorships

In-kind contributions.....

Other (please specify).....

Total Revenue:

Additional Comments:

