

## **Kingfield Neighborhood Association**

---

### **SOCIAL SERVICE MATCHING GRANT PROGRAM**

---

#### **Program Overview and Purpose:**

*To support the work of those agencies already filling needs of Kingfield youth, families, seniors, and minority populations, and to help these groups determine the needs and design programs to better fill them*

#### **Resources and Timeline:**

\$77,000 = \$40,000 KFNA NRP and \$37,000 Hennepin County 2002.

<b>Year</b>	<b>Resources</b>	<b>Source</b>	<b>Match</b>
2000	\$20,000	NRP	\$20,000 from Hennepin County
2001	\$10,000	NRP	\$10,000 from Hennepin County
2002	\$10,000	NRP	\$7,000 from Hennepin County
<b>Total</b>	<b>\$40,000</b>		\$37,000: second 7.5% NRP funds

#### **Grant Pool:**

\$77,000 in grant money will be available at Program start date (5/6/02). 50% of the grant amount will be paid by KFNA to the applicant upon approval of the Project proposal by KFNA based upon approved criteria established prior to program. The remainder will be paid at the close of the Project and upon submission of the applicants Final Report Form, and actual budget including copies of receipts.

#### **Eligible Applicants:**

Any group, profit or nonprofit (501c3's or units of governance), that serves youth, families, seniors, and minorities (*whether by race, ethnicity, gender, or sexual preference*) in Kingfield. Grants will not be made to individuals. Groups that are not non-profits must secure a fiscal agent to apply. Start-up groups may also be funded, but must prove they have the resources to continue their program for a minimum of three months, or six meetings.

#### **Eligible Projects:**

Projects may develop and/or expand services to resident children, families, youth, seniors, and minorities in the neighborhood. Projects serving "basic needs" are considered a priority and will be funded first. Basic needs are defined as nutrition programs, clothing, safety, health, shelter, and transportation. Projects addressing basic needs may include: health services and information, heat assistance programs, temporary shelters, crisis counseling, and/or transportation to local social or public services. Projects that would also be considered may include such things as: bilingual programming for adults and children, after-school classes, and mediation training and/or services. The Projects may not be one-time events. Projects can be held in, or outside of, the neighborhood. KFNA's goal is to have a minimum of 25% of the population served by the Project be Kingfield residents, and/or the Project must be held in the neighborhood and open to residents.

Additionally, grant funds may be used to raise awareness of existing programs that serve the above populations, or to promote new programs. Funds may also be used to develop and coordinate activities

to occur in Kingfield between organizations that serve the neighborhood.

**Preference Criteria:**

Applications will be funded according to the following criteria:

1. **Projects that serve Kingfield residents' basic needs.**
2. **Projects that serve Kingfield residents' other needs.**

**Maximum Grant:**

The maximum grant given will be \$5000.00. Only one grant per organization, per year, will be allowed. A Grant may provide funding to more than one Project, however.

**Minimum Grant:**

The minimum grant given will be \$1001.00.

**Other Conditions and Procedures:**

- No Grant dollars can be spent before the Project is approved.
- Final Reports are due in writing within 30 days of the stated completion date of the Project granted. Final payments will be held until the receipt of a final report/evaluation is received.
- All physical materials purchased for the operation of the Project must include a copy of the receipt with the final report.
- Dollars cannot be used for fundraising, lobbying, food, activities that charge a fee, or salaries for existing staff, but can be used to add staff or expand hours.

**Application Procedure:**

Applications must be submitted to the Kingfield Neighborhood Association, NRP Coordinator on the attached Application Form. Completed forms are to be submitted to the KFNA Office, C/O Community Initiated Grant, 3754 Pleasant Ave S, MPLS, MN, 55409. Applications must include a budget for the program. *Applications must be submitted by mail or fax and be dated on, or before, the following dates to be considered in each grant cycle: May 6, June 14, August 1, and September 13, 2002.* Funds may be committed before the June, August, or September Grant Deadline. All incomplete applications will be returned to applicant for clarification. All applications received before each grant deadline will be considered at the same time as those postmarked on each grant deadline date. All requests will be submitted to the Kingfield NRP Steering Committee at their monthly meeting for review and approval or denial. Any questions should be directed to Sarah Linnes-Robinson, KFNA NRP Coordinator, 823-5980, [kfna@email.com](mailto:kfna@email.com). All applicants will receive a decision on their application within 30 days of each grant deadline.

**Definitions:**

**KFNA:** Kingfield Neighborhood Association

**Program:** Social Service Grant Program

**Project:** The project that the applicant is applying for KFNA Social Service Grant funds to support.

**Kingfield Neighborhood Association**

---

**SOCIAL SERVICE MATCHING GRANT PROGRAM:  
APPLICATION PAGE**

---

Organizational Name:

Contact Person and Phone number:

Check off each item below to make sure the application is complete. Incomplete applications are ineligible.

**I. I have enclosed the following:**

- Application Page
- Cover Page
- Narrative (3 page maximum)
- Evaluation Plan (1 page maximum)
- Organizational Budget
- Project Budget (including line item summary)
- 501c3 letter from IRS
- Board of Directors or Advisory Council

If you are using a Fiscal Agent please also include:

- Fiscal agent Acknowledgment
- 501c3 letter from IRS for Fiscal Agent

**II. Our group is:**

- A nonprofit located in Kingfield.
- A nonprofit group located outside of Kingfield but we have attached an explanation of how our Project serves Kingfield residents.
- An informal group located in Kingfield who has secured the services of a Minnesota fiscal agent.
- An informal group located outside of Kingfield who have secured the services of a Minnesota fiscal agent and have attached an explanation of how our Project serves Kingfield residents.

**III. Our Project provides:**

- Services that fill Basic Needs of Kingfield children, families, youth, seniors, and minorities in the neighborhood. The Basic Needs we fill are: \_\_\_\_\_  
\_\_\_\_\_.
- Services that fill Other Needs of Kingfield children, families, youth, seniors, and minorities in

the neighborhood. The Other Needs we fill are: \_\_\_\_\_

\_\_\_\_\_.

**Kingfield Neighborhood Association**

---

**SOCIAL SERVICE MATCHING GRANT PROGRAM:  
COVER PAGE**

---

Date:

Amount Requested:

Total Project Budget:

Total Organizational Operating Budget per Year:

Target Population:

Project Start Date:

Project End Date:

---

**APPLICANT INFORMATION**

---

Organization's Legal Name:

Federal ID Number:

Address:

Contact Person:

Title:

Phone:

Fax:

E-mail:

---

**FISCAL AGENT INFORMATION (IF APPLICABLE):**

---

Organization's Legal Name:

Federal ID Number:

Address:

Contact Person:

Title:

Phone:

Fax:

E-mail:

*We certify that the information contained in this report is true, to the best of our knowledge.*

Contact Person (print, sign, & date)      Committee or Board Chair (print, sign, & date)

Kingfield Neighborhood Association

---

**SOCIAL SERVICE MATCHING GRANT PROGRAM:  
NARRATIVE**

---

Submit a Narrative describing your organization and Project addressing all the questions below; provide no more than one (1) page (12 pt. Type) per sectional heading and reference the alphabetical indicators for each question.

**I. BACKGROUND INFORMATION**

- A. What is your group's history and purpose?
- B. What community, geographic area, and population does your group serve?
- C. Describe the major achievements of your group in the past year.
- D. Describe your leadership structure. Who makes decisions for the group?
- E. Describe the key people who will be responsible for carrying out the Project outlined in this proposal, and their responsibilities.

**II. PURPOSE OF REQUEST**

- A. Describe the issues facing the people you want to serve.
- B. What will your group do to address these issues?
- C. How will your proposed activities help the target population?
- D. Provide a timeline for your project.

**III. FISCAL**

- A. What, if any, are your matching funds (cash and in-kind) to support the project?
- B. Are other groups interested in the issues you have identified? If so, will you be working with them? If you won't be working with them, why not?

**IV. EVALUATION PLAN**

- A. What difference will your Project make for the participants? How will you measure the differences?
- B. How will the community change as a result of your Project? If your Project is successful, what kind of changes would you like to see in the community? How will you measure changes in the community?
- C. Why do you think your group will be successful at implementing this program?
- D. Provide a budget that describes each budget category (line item) with a narrative explanation. Include detail calculations whenever possible.