Graphical user interface, application, website

Description automatically generated

**Grants Over $150,000**

*Blandin Foundation does not accept unsolicited proposals. Submit an* [*online inquiry*](https://blandinfoundation.tfaforms.net/21) *to be considered for a grant.*

Organization Information

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Name of organization Name on articles of incorporation, if different*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Address City, State, Zip Employer Identification Number (EIN)*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Phone Fax Website*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Name of Executive Director, CEO, Title Phone E-mail*

*Board Chair, or Lead Organizer*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Name of contact person regarding Title Phone E-mail*

*this application*

Is your organization an IRS 501(c)(3) nonprofit?  Yes  No

If no, is your organization a public agency, tribal government entity, or unit of government?

Yes  No

If no, list name and address of fiscal agent, including EIN number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*EIN Number*

*If working through a fiscal agent, please attach an email or letter confirming they have agreed to be fiscal agent for your organization.*

Anti-Discrimination Policy\*

Blandin Foundation does not discriminate on the basis of race, color, religion (creed), gender identity, gender expression, age, national origin (ancestry), disability, marital status, familial status, sexual orientation, sex, pregnancy, military status, or any other legally protected status or characteristic in its activities or operations.

Blandin Foundation does not knowingly award grants to organizations that violate our anti-discrimination values. If at any point in a working relationship Blandin Foundation discovers standards, policies, or practices held by any of our partners that violate this anti-discrimination policy, Blandin Foundation reserves the right to terminate the relationship, contract, and/or ask for funds to be returned to the Foundation to the extent permissible by law, in addition to Blandin Foundation’s cessation of business with that organization or entity in the future.

Does your organization, project, or initiative comply with our Anti-Discrimination Policy?

Yes  No \*Excerpt, view Blandin Foundation’s full [Anti-Discrimination Policy here](chrome-extension://efaidnbmnnnibpcajpcglclefindmkaj/https:/blandinfoundation.org/content/uploads/Anti-Discrimination-Policy-.pdf).

Proposal Summary

Duration of project: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please give a 2-3 sentence summary of your proposal:

Please give a 1-2 sentence summary of the geographic area your proposal will serve:

Please give a 1-2 sentence summary of how your board and staff are representative of the population you serve.

Budget Summary

Fiscal Year of Organization or Project: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Total project budget: $

Total dollar amount requested of Blandin Foundation: $

Total annual budget (organization, division, or program): $

Signature

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *Name of CEO/Executive Director or Board Chair*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*Signature (scanned/electronic signature acceptable)*

Proposal Narrative

I. Organizational Profile

1. Provide a brief summary of organization history, mission, programming/activities, and recent highlights or accomplishments.
2. Tell us about your staff and board.
   1. How many staff and board members does your organization have?
   2. If the makeup of your staff and board is not representative of the communities you serve, please explain why and how you plan to address this.
3. In addition to your own, what other organizations/providers serve the people and issues you care about? How do you partner / collaborate for impact on these issues?

II. Purpose Of Grant

A. Background

1. Describe the opportunity your proposal addresses.

* Help us understand the context, reach and scale of the work you are undertaking.
* You are welcome to attach a diagram or logic model to illustrate your proposed work (optional).

2. What organizations and individuals are involved in planning and implementing your proposed project/work?

* What steps are you taking to include community members who will be most impacted by your work?

B. Implementation

1. What are the specific goals of your project? Please be concise, a short list is optimal.

2. What are the intended outcomes of the project? In other words, what will be different when your project/program is successful? If you have a logic model, please include it.

3. What strategies and/or activities will be employed to achieve these outcomes?

4. Tell us about your project leadership.

* Is the organization equipped to handle what you are proposing; will you have to hire or contract for new staff?
* Please share any other organizational implications related to carrying out this work (ex: new partnerships, signed agreements, physical relocation).

5. No project is without obstacles. Realistically, what are some of the challenges your proposed work/project will face?

6. What are your short term or long-term strategies for sustaining this effort?

III. Assessment

A. Explain how you will measure/document the progress that is being made toward the goals and outcomes you have identified above.

IV. Budget

A. Describe the amount and type of resources that will be needed to see this project through, and steps you are taking to mobilize the necessary resources.

1. Additional funders. List names of corporations, foundations or individuals from whom you seek funds. Include amounts and whether sources are committed or pending.

B. Submit a copy of your organization budget.

C. Submit a copy of your project budget (if a form is helpful, [click here](https://blandinfoundation.org/programs/expanding-opportunity/grants/report-forms/)).

1. Please include in the project budget all sources of income as well as major expense categories. Remember to include non-cash or in-kind donations.

2. Feel free to attach a narrative explaining your numbers, if necessary.

V. Attachments

A. Most recent financial statements (audited, if available), including balance sheet, statement of activities (or statement of income and expenses) and functional expenses.

B. List of board members and their affiliations (or paste a link to your website here, if the information is current).

**Proposal Checklist**

A complete grant application consists of the following:

Completed, signed proposal summary form (the first two pages of this application)

Proposal narrative

Organization budget

Project budget (n/a if you have been invited to submit a proposal for operations funding)

Audited financial statements, if available

List of board members (or link to website)

Please submit your application to [grants@blandinfoundation.org](file:///C:\Users\smmerrild\Downloads\grants@blandinfoundation.org)