

**Donations $100 to $1,000**

*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)*