



WELLS



2023 YEAR - GRANT APPLICATION FORM

Legal Name of Applicant Organization _____

Project Name (if applicable): _____

Funds Will Pay For: _____

Full Mailing Address: _____ P.O. _____

City _____ State _____ Zip _____

Chief Contact Person: _____ Title: _____

E-Mail: _____ Cell Phone: _____

501(c)(3) Tax ID Number: _____ Other: _____

Type of Grant Request

Program Support ____ Research ____ Event ____ Sponsorship ____ Other ____

This Grant Request Supports: ____ Sports ____ Arts ____ Volunteerism ____ Education

This Grant Request: \$ _____ Total Project Budget: \$ _____

Grant Period - From: _____ To: _____

Total Organizational Budget for Current Year: \$ _____ Fiscal Year Begins: _____

Grant Application Authorization

I certify that the information in this application is to the best of our knowledge, true and accurate, and is submitted with the full approval from our Board of Directors and or Governing Body.

(Signature) Name & Title of Authorized Board/Governing Body Representative Dated

PROPOSAL NARRATIVE

Background

Please submit all information enclosed using **ARIAL Font 12-Point type**. Complete each of the following sections:

1. Your organization's mission statement, history and accomplishments.
2. Your current programs and activities. Include the communities you serve with specific demographic information. How are they actively involved in your organization and/or how do they benefit from your organization's work?

Funding Request

1. Summarize your funding request. What need does your project work to address?
2. Tell us about your project (or organization's) goals and the specific outcomes that your Grant will provide? Do include the following:
 - a. Whether the project is new, ongoing or an expansion.
 - b. Target audience, including specific demographic information.
 - c. Activities and strategies that will be used to meet your stated outcomes.
 - d. General timeline for the main objectives of your project.
3. If this is a request for General Support, what are your organization's most pressing needs?
4. How do you plan to evaluate the effectiveness or impact of the project?
5. If full funding is not available for your project, what is the contingency plan for securing additional support and /or how can you modify your proposal?
6. Will there be publicity provided for the Rox Project S.A.V.E. Foundation and its Sponsors? If yes, please describe in full.

SUBMIT GRANT APPLICATION

Please e-mail **Completed application** to jim@st.cloudrox.com or mail to the following address:

Rox Project S.A.V.E. Foundation
Attn: Jim Loria
P.O. Box 7216
St. Cloud, MN 56302

ABOUT PROJECT S.A.V.E. FOUNDATION:

Project S.A.V.E. is a certified 501(c)(3) Charitable Foundation administered by the St. Cloud Rox Baseball Club to serve as a “Teammate” to the many communities throughout Central Minnesota. The Foundation was launched in March of 2019 and will raise funds from corporate partnerships, private donations, through a select number of Rox game-day fundraisers, and special events on a yearly basis. The Foundation’s main purpose is to provide Grants, Donations and Scholarships in support of youth-related programs and activities involving **S**ports, **A**rts, **V**olunteerism, and **E**ducation initiatives. *“Helping Kids and Having Fun Along the Way. It’s the Rox Way!”*

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