

## Mille Lacs Band of Ojibwe Foundation

## **Proposal Form**

Contact Person(s) and Title(s):	
Street Address:	
City/State/Zip:	
Phone:	Fax:
E-mail:	Website:
Grant Funds Requested:	Organizational Budget:
Fiscal Year End:	Year Organization Founded:
Employer Identification Number (EIN):	

Please briefly answer the following questions on a separate document. Collectively, your proposal answers should be no more than five pages in total length (not including this cover form, financials, and attachments.) Please use the following as an outline for your response.

1. State your organization's mission.

2. Briefly describe current programs and campaigns designed to achieve the organization's mission.

3.	Please highlight any recent accomplishments.
4.	Please describe how the organization intends to use the requested funding.
5.	Please describe the benefits, if any that will inure to enrolled members of the Mille Lacs Band of Ojibwe if this proposal is put into action.
6.	Please describe the geographic location of the organization and the expected geographical impact of the proposal.
7.	Please propose a reporting mechanism to ensure that the requested funds are used effectively for the intended purposes.
8.	Please list revenue sources and the related funding amounts for this fiscal year (foundations, corporate donors, individual donors, government sponsors, events, etc.) For each source, please note if this funding is in-hand, pledged, or prospective.

9.	Please list two outside references familiar with the organization's work, including e-mail and telephone contact information.	
10.	Please provide the organization's income and expense budget and actuals, as well as the organization's balance sheet, for the most recently completed fiscal year. Please also provide a proposed budget for the current fiscal year.	
11.	Please share a maximum of two relevant articles, newsletters, or video links that highlight the organization's work.	
12. Please attach a copy of the organization's 501(c)(3) determination letter.		
Thi	s Proposal Form has been submitted by (printed name) on (date).	
	Signature	