



**Hubbard County Coalition of Lake Associations (HC COLA)**  
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## **Hubbard County Coalition of Lake Associations (HC COLA) Charitable Fund Grant Application Guidelines**

The Hubbard County Coalition of Lake Associations (HC COLA) Charitable Fund is seeking proposals for up to \$1500.

The HC COLA Charitable Fund will consider grant applications from 501(c)(3) nonprofit organizations and community groups. The geographic eligibility area is Hubbard County and watersheds that impact Hubbard County. The HC COLA Charitable Fund Advisory Committee may further define the HC COLA area in support of the Funds' purpose.

The HC COLA Charitable Fund provides financial support for charitable and educational programs, projects and activities that facilitate cooperation among member lake associations and to assist in encouraging environmentally sustainable use of lakes and watersheds that protect, preserve and enhance the quality of area lakes and their environs including funding for:

- Research, studies or projects on water quality, and shoreland development, aquatic invasive species (AIS) prevention, and disseminating information thereof to member associations and the general public.
- Developing and presenting guidelines concerning the development, and preservation of the rivers, lakes, shorelands and other lands to agencies of the government, business and private individuals in order to bring about appropriate action for the effective use of these valuable natural resources.
- Support of acquisition of property for sustainable public use, e.g. Conservation Easements.
- Support for the establishment of individual lake association educational and charitable funds.
- Other charitable and educational activities that support the HC COLA and associated lake associations.

Eligible projects include, but are not limited to restoration of critical shoreline habitat, buffer strips, rain gardens, shoreline erosion, redirect storm water run-off, AIS prevention, vegetation mapping, and education strategies in cooperation with shoreline restoration projects, public awareness, specialized sampling research, and limited support for scientific studies.

Eligible projects can be used as a local match for Clean Water Legacy Amendment grants or Board of Soil and Water Resources (BSWR) grants.

For every \$1 contributed by HC COLA Charitable Fund, applicant must match \$1 toward the project. Matches can be comprised of volunteer labor, in-kind services, donated materials, and/or cash. In-kind match of labor / volunteers can be estimated at \$12.00 per hour for unskilled activities.

Requested funds must be spent in the year requested, unless a pre-approved extension is granted.

At the conclusion of the project, a final summary report on accomplishments, costs and benefits should be submitted along with receipts.

Ineligible projects include watercraft inspection supplemental funding, water quality monitoring, rip rap, weed harvesters, fish stocking, septic upgrades, chemical treatments for management of AIS, legal aid, and general operating expenses.

Applications will be reviewed by the HC COLA Charitable Fund Advisory Committee that will make recommendations for funding to the Hubbard County Coalition of Lake Associations Board of Directors. All paperwork will be shared with the Northwest Minnesota Foundation.

Criteria for selection:

- Relationship of the project to HC COLA Charitable Fund mission and goals (as stated above).
- Evidence of grassroots support involving the project, (e.g. letters).
- Identified purpose and need for project.
- Clear goals and action steps for completing the project.
- Description of working relationship(s) with other partner(s) and/or funding sources.
- Potential long-term impact of the project.
- Evidence of an evaluation plan (i.e. participant evaluations or surveys).
- How the project supports the ongoing health of waters / watershed, (e.g. coordination with local water plan, utilization of site as demonstration model, and educational value).
- Proposal for completion, ongoing maintenance, and with status reports as project finishes, plus at 1 year, 3 years, and 5 years.

A complete application includes the following:

1. Application cover sheet.
2. Project narrative (up to 2 pages) which addresses the selection criteria (above).
3. Budget form.
4. Support letter from someone familiar with the project other than the applicant.
5. Information about your organization and/or project (flyers, brochures, etc.)
6. If organization does not have 501(c)(3) status, must secure and state fiscal host (not including LGU).

**The HC COLA Charitable Fund Request for Proposals applications deadline is March 1, 2019. Mail to Northwest Minnesota Foundation, 201 3<sup>rd</sup> Street NW, Bemidji, MN 56601. Call 1-800-659-7859 for instructions about electronic submission. All Grants will be awarded by June 1, 2019.**

The HC COLA Charitable Fund works in collaboration with the Northwest Minnesota Foundation (NMF), a 501(c)(3) charitable foundation, serving as a regional community foundation. The fund derives its legal status through NMF which owns and manages the assets. Final authority over management and disbursement of funds rests with the NMF Board of Directors.

**Hubbard County Coalition of Lake Associations Charitable Fund**  
Grant Application Cover Sheet

**Organization Information**

Applicant Organization: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Contact Person / Title: \_\_\_\_\_

Telephone #: \_\_\_\_\_ Fax #: \_\_\_\_\_ Email Address: \_\_\_\_\_

IRS tax exempt status (check one): \_\_\_\_\_ Public; \_\_\_\_\_ 501(c)(3) Federal I.D. number \_\_\_\_\_

\_\_\_\_\_ Other (specify if using a fiscal agent/host) \_\_\_\_\_

**Financial Information**

Total Project Cost: \$\_\_\_\_\_ Amount requested from the HC COLA Charitable Fund: \$\_\_\_\_\_

Other funding sources to which you are applying for this project:

<u>SOURCE</u>	<u>Requested Amount</u>	<u>Committed or Pending</u>	<u>Date of Commitment</u>
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**Project Information**

Project Title: \_\_\_\_\_

Project Duration: Beginning Date: \_\_\_\_\_ Ending Date: \_\_\_\_\_

Brief Summary of Project: \_\_\_\_\_

Attach a two-page project narrative describing:

- The applicant organization, partners, & who will help you? Discuss the role of partners & financial commitments.
- The people who will benefit from the project.
- The purpose & need for the project; describe the opportunity, challenge, issue or need the proposal addresses.
- How will your project address the above situation? How will the project be completed, who will do the work, etc.
- How the project supports the HC COLA Charitable Fund mission / goals & ongoing health of waters / watershed
- How and when the project will be evaluated
- Proposal for completion, ongoing maintenance & status reports as project finishes, plus at 1 yr, 3 yrs, & 5 yrs.

Geographic area to be served by project: \_\_\_\_\_

\_\_\_\_\_  
Executive Director, Board Chair or Committee Chair Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Signee

**Hubbard County Coalition of Lake Associations Charitable Fund  
Grant Project Budget**

Office Use only:  
Applicant \_\_\_\_\_  
Applicant #: \_\_\_\_\_

<b>Expenditure</b>	<b><u>HC COLA Charitable Fund Grant</u></b>	<b><u>Cash</u></b>	<b><u>In-Kind</u></b>	<b><u>TOTAL</u></b>
<b>1. Personnel</b>				
A. Salaries & Wages	_____	_____	_____	_____
B. Fringe Benefits	_____	_____	_____	_____
C. Consultants & Contract Services	_____	_____	_____	_____
<b>2. Non-Personnel</b>				
A. Space Costs	_____	_____	_____	_____
B. Rental, Lease or Equipment Purchase	_____	_____	_____	_____
C. Technology Expenses	_____	_____	_____	_____
D. Consumable Supplies	_____	_____	_____	_____
E. Travel	_____	_____	_____	_____
F. Telephone	_____	_____	_____	_____
G. Other Costs	_____	_____	_____	_____
H. Indirect Costs	_____	_____	_____	_____
<b>Total Costs</b>	_____	_____	_____	_____

**Hubbard County Coalition of Lake Associations Charitable Fund**

**At the Conclusion of the Project, Include:**

- **A Final Summary Report on Accomplishments**
- **Benefits**
- **Costs – Along With Receipts**

**Grant Project Actual Expenditures**

Office Use only:

Applicant

Applicant #: \_\_\_\_\_

<b>Actual Expenditure</b>	<b><u>HC COLA Charitable Fund Grant</u></b>	<b><u>Cash</u></b>	<b><u>In-Kind</u></b>	<b><u>TOTAL</u></b>
<b>1. Personnel</b>				
A. Salaries & Wages	_____	_____	_____	_____
B. Fringe Benefits	_____	_____	_____	_____
C. Consultants & Contract Services	_____	_____	_____	_____
<b>2. Non-Personnel</b>				
A. Space Costs	_____	_____	_____	_____
B. Rental, Lease or Equipment Purchase	_____	_____	_____	_____
C. Technology Expenses	_____	_____	_____	_____
D. Consumable Supplies	_____	_____	_____	_____
E. Travel	_____	_____	_____	_____
F. Telephone	_____	_____	_____	_____
G. Other Costs	_____	_____	_____	_____
H. Indirect Costs	_____	_____	_____	_____
<b>Total Costs</b>	_____	_____	_____	_____