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**Endowment Fund Award Form- Nonprofit**

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

Executive Director\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Project Contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**HOW TO APPLY:**

This application form, together with the information listed below, must be **received at** **the email address listed below no later than 5:00 pm on the deadline:**

1. Evidence of the Applicant Organization's tax-exempt status from the Internal Revenue Service demonstrating that it is an organization exempt from federal income taxation under Section 502(c)(3) of the Internal Revenue Code, and stating whether or not it is a private foundation;
2. Applicant Organization's most recent audited financial statements, its current year operating budget, and a current year-to-date income and expense statement;
3. Names and affiliations of the Applicant Organization's board of directors;
4. Indication that this application has been reviewed by the governing board of the Applicant Organization and has received its endorsement. Where possible, a formal board resolution to this effect should be submitted; and
5. The information requested in the Narrative Guidelines.

**Applications should be emailed to** **mnhispanicbar@gmail.com** **so that they are received by 5:00 p.m. on the deadline.**

**NARRATIVE GUIDELINES:**

The information listed below must be provided in a proposal narrative submitted together with the Application Form:

1. **Description of the Applicant Organization:** Provide a brief history of the Applicant Organization. Describe the purpose and mission of the organization, its objectives, and the scope of its activities, including primary programs, services, constituents, and geographic service area. Describe in particular how the Applicant Organization serves the Latino community in Minnesota.
2. **Description of the Intern’s Duties and Qualifications:** Describe the duties and responsibilities of the law student intern whowill be the beneficiary of this grant, including the number of hours the intern will work per week and the types of projects that the intern will carry out. Describe the qualifications the Applicant Organization is seeking in eligible law student intern candidates.
3. **Reason for Request:** Please provide a statement explaining why the Applicant Organization should be awarded this grant. Note: Please refer to the amount you seek to be awarded.

**CERTIFICATION:**

By submitting this application, the Applicant Organization certifies and agrees that:

1. The Applicant Organization will disburse the grant proceeds for the purpose stated in this Application and agrees to refund any unused portion of the grant proceeds, if any. In addition, the applicant organization agrees to provide any interim and/or final reports as may be required by the MHBA and/or the Saint Paul Foundation.
2. The Applicant Organization acknowledges that the MHBA and the Saint Paul Foundation have discretion over the payment of grant proceeds. At their discretion, the MHBA and/or the Saint Paul Foundation may modify the terms of payment or cancel payment of the grant at any time.
3. The Applicant Organization agrees that the Saint Paul Foundation and the MHBA, at their discretion, may engage the participation of advisors in the grant application review process.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Organization:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_