

2023 Outreach Grant Application

The grant program sets aside a certain amount of money in the DFL State Party budget each year to help units who need help funding an Outreach & Inclusion project in their communities. This could be an event, or a program, or some other way to reach out to the community around them - especially underserved and underrepresented communities.

The grant is intended to be a springboard for new ideas and programs - an opportunity to launch something new. If the event or program is successful and the unit wants to repeat or continue it, the party unit can then raise funds or incorporate a fundraising element to make the program self-sustaining in the future.

The grant does not replace regular fundraising! Instead, it is intended to support new efforts to engage communities.

Please fill out the application in its entirety. A confirmation email will be sent to you when you are finished.

*** Required**

Unit
Information

Please enter the following information about the party unit/community caucus/community outreach organization for which you are submitting the application.

1. Which party unit/community caucus/community outreach organization will be completing the project? *

2. Who is the chair of that unit? *

3. Chair email address *

4. Chair phone number *

5. Who is the treasurer of that unit? *

6. Treasurer email address *

7. Treasurer phone number *

8. Who will be the primary project manager for this project? *

9. Project manager email address

10. Project manager phone number *

11. What is the project manager's role with the organization? *

Mark only one oval.

- Chair
- Vice Chair
- Outreach & Inclusion Officer
- Director
- Other: _____

12. Please list the names of the other members involved in this project: *

13. What is the address where your unit receives checks? This is where we will send the reimbursement made out to your unit. If you are applying on behalf of a caucus or outreach organization that has an add-on account with the State DFL, please specify that below. *

14. Whose address is this? *

Mark only one oval.

- Party unit address (PO box or unit office)
- Chair's address
- Treasurer's address
- DFL add-on account
- Other: _____

Project
Description
& Plan

Please include as much detail as possible. Ensure you are clearly laying out your project and how it will achieve your goals.

15. Project name *

16. Anticipated start date *

Example: January 7, 2019

17. Anticipated end date *

Example: January 7, 2019

18. Please describe your project: *

19. What are the goals you hope to achieve with this project? *

20. Who are you hoping to reach with this project? What is your intended audience? *

21. Are you partnering with any members of the community you are trying to reach to complete this project? *

22. How will this project grow your unit and/or increase political participation among underserved and underrepresented communities? *

23. How do you plan to promote your project? How will you drive participation? *

24. What are the needs you have for this project? Which needs are you hoping the grant program will meet? How will you meet the remaining needs? *

25. If this is a project you intend to repeat or continue forward, what is your plan to fund its continuation? *

26. Are there any additional details about the project you would like to share with us?

27. Feel free to upload any files related to your project you would like to share.

Files submitted:

Project
Budget

Please fill out a line item question for each individual project cost for which you are requesting funds. **You do not need to fill out all the line item questions** - only as many as necessary.

28. What is your unit planning to contribute to the cost or material needs of the event? Note: As food is not something the grant program can cover, this should include any food that may be necessary for your project. *

29. If you prefer to upload a spreadsheet with your project budget, you may do so here:

Files submitted:

30. LINE ITEM 1: What is the budget item, the expected cost of the item, and the amount you are requesting for reimbursement? *

31. LINE ITEM 2: What is the budget item, the expected cost of the item, and the amount you are requesting for reimbursement?

32. LINE ITEM 3: What is the budget item, the expected cost of the item, and the amount you are requesting for reimbursement?

33. LINE ITEM 4: What is the budget item, the expected cost of the item, and the amount you are requesting for reimbursement?

34. LINE ITEM 5: What is the budget item, the expected cost of the item, and the amount you are requesting for reimbursement?

35. LINE ITEM 6: What is the budget item, the expected cost of the item, and the amount you are requesting for reimbursement?

36. LINE ITEM 7: What is the budget item, the expected cost of the item, and the amount you are requesting for reimbursement?

37. LINE ITEM 8: What is the budget item, the expected cost of the item, and the amount you are requesting for reimbursement?

38. LINE ITEM 9: What is the budget item, the expected cost of the item, and the amount you are requesting for reimbursement?

39. LINE ITEM 10: What is the budget item, the expected cost of the item, and the amount you are requesting for reimbursement?

Submit Application

Please confirm that you understand the following:

- I understand that this is a reimbursement program, and that the Minnesota DFL will not provide any upfront costs, reimburse individuals, or pay invoices from vendors. I understand that the reimbursement will be issued to my party unit/caucus/outreach organization.
- I understand that I must submit receipts for all reimbursements, and they must be received no later than December 1st.
- I have read the Outreach Grant informational packet and understand its contents.

40. I have read and understood the above. *

Check all that apply.

Yes, I confirm.

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