

# 2024 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.

*\* Indicates required question*

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1. Email \*

\_\_\_\_\_

## Unit Information

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

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

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3. Who is the chair of that unit? \*

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4. Chair email address \*

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5. Chair phone number \*

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

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7. Project manager email address

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8. Project manager phone number \*

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

*Mark only one oval.*

Chair

Vice Chair

Outreach & Inclusion Officer

Director

Other: \_\_\_\_\_

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

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11. Who is the treasurer of that unit? \*

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12. Treasurer email address \*

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13. Treasurer phone number \*

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14. 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. \*

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15. 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.

16. Project name \*

\_\_\_\_\_

17. Anticipated start date \*

\_\_\_\_\_

*Example: January 7, 2019*

18. Anticipated end date \*

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*Example: January 7, 2019*

19. Please describe your project. Include as much detail as possible about how you plan to execute the project and who is/will be doing the work. \*

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

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

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

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

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

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

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26. How do you plan to continue engaging with your audience after the project is complete? \*

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

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28. 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.

29. 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. \*

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30. What is the total amount you are requesting as a grant? \*

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

Files submitted:

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

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

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

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

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

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

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

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

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

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

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### 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.

42. I have read and understood the above. \*

*Check all that apply.*

Yes, I confirm.

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