

Minnesota Common Grant Application Form

Date of application: July 1, 2013 Application submitted to: Ordean Foundation

Organization Information

Habitat Program

<i>Name of organization</i>		<i>Legal name, if different</i>	
215 North First Avenue East		Duluth, MN 55802	
<i>Address</i>		<i>City, State, Zip</i>	
218.336.8700 x 2028		218.336-8840	
<i>Phone</i>		<i>Fax</i>	
William Gronseth		Superintendent, Duluth Public Schools	
<i>Name of top paid staff</i>		<i>Title</i>	
Deidre Quinlan, MSW, LICSW		Teen Parent Specialist	
		<i>Phone</i>	
		218.336-8700 x 2015	
		<i>E-mail</i>	
		Deidre.quinlan@duluth.k12.mn.us	
<i>Name of contact person regarding this application</i>		<i>Title</i>	
Is your organization an IRS 501(c)(3) not-for-profit?		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
If no, is your organization a public agency/unit of government?		Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
If no, check with funder for details on using fiscal agents, and list name and address of fiscal agent:			
Duluth ISD #709		41-6003776	
Historic Old Central High School 215N First Ave East, Duluth, MN 55802		<i>Fiscal agent's EIN number</i>	

Proposal Information

Please give a 2-3 sentence summary of request:
 This is a request for funding to put in place a cost effective system of core services and supports for pregnant and parenting students and their children in the district to be provided in partnership with community stakeholders. Our overall goal is to build protective factors through participation of parent and child in Habitat weekly parenting classes and play groups.

Population served: Pregnant and parenting teens and their children Geographic area served: Duluth ISD #709 & surrounding areas.

Funds are being requested for (check one) *Note: Please be sure funder provides the type of support you are requesting.*

<input checked="" type="checkbox"/> General operating support	<input type="checkbox"/> Start-up costs	<input type="checkbox"/> Capital
<input type="checkbox"/> Project/program support	<input type="checkbox"/> Technical assistance	<input type="checkbox"/> Other (list) _____

Project dates (if applicable): September 1, 2013 – August 31, 2014 Fiscal year end: June 30

Budget

Dollar amount requested:	<u>\$ 40,000</u>
Total annual organization budget:	<u>\$116,760</u>
Total project budget (for support other than general operating):	<u>\$ 40,000</u>

Authorization

Name and title of top paid staff or board chair: William Gronseth, Superintendent of Duluth Public Schools

Signature _____