**2021 HCBF Grant Application**

Date:

Amount Requested:

Organization Name:

Contact Name:

Contact Phone:

Contact Email:

Business Address:

EIN:

What areas of the law does the proposal address?   
Business/Transactional \_\_\_\_  
Civil Rights \_\_\_\_  
Criminal \_\_\_\_  
Family \_\_\_\_  
Healthcare \_\_\_\_  
Housing \_\_\_\_  
Immigration \_\_\_\_  
Labor/Employment \_\_\_\_  
Other \_\_\_\_  
If other, please list:

How many people in Hennepin County will be served?

Briefly describe who will be served.

How many people from each group are expected to be directly served?  
Children \_\_\_\_\_\_  
Disabled \_\_\_\_\_\_  
Homeless \_\_\_\_\_  
Immigrants \_\_\_\_\_  
LGBTQ+ \_\_\_\_  
Low-Income \_\_\_\_  
People of Color \_\_\_\_\_  
Veterans \_\_\_\_  
Women \_\_\_\_\_  
Youth (ages 18-24) \_\_\_\_

Is this a new or on-going project?   
If ongoing, for how long?  
  
**Narrative Questions**

Describe the organization, its history and mission.

How will the use of grant funds relate to the HCBF mission “promoting equal access to justice in Hennepin County?”

Describe the impact in Hennepin County and the population served.

What is the timeline for achieving your objectives?

If a grant is awarded, what will this allow the organization to pay for that it otherwise could not?

Provide the names and qualifications of key staff responsible for the program.

**Supplemental Materials** (include as separate attachments)

List of board members and their affiliations

Current year organizational budget

Project budget, if applicable

List of project funders, both those secured and those pending, including amounts

Most recent audited financial statements, if available (if the organization is not required to have an audit, please include unaudited financial statements)

The two most recently filed 990s