

OFFICE USE ONLYTracking number **2024NCLI** _____

Date received _____ Time received _____ Staff administrator _____

eligible not eligible

Region: NW NE CENTRAL METRO SW SE



No Child Left Inside Grant Program 2024 - LARGER Grant Application

Instructions:

- Please read the complete [Request for Proposals](#) before submitting this application.
- Do not complete your application in a browser window. Download the form and save it to your computer.
- Consider using [Adobe Acrobat Reader](#) (free). Other PDF tools may not accurately save the information you provide.
- Do not submit any additional information or attachments. Unrequested materials will not be reviewed.

Applications must be received by 2:00 p.m. CST on Tuesday, December 12, 2023.

Incomplete or late applications will NOT be accepted.

Submit to: outreachgrants.dnr@state.mn.us, with subject line "NCLI 2024 Grant Application"

APPLICANT

Organization name _____

(If applicable) ISD # _____ or Charter school authorizer _____

(@applicable) Non-profit EIN # _____

Organization address _____

City _____ State _____ Zip _____ County _____

Contact name _____ Title _____

Phone _____ Email _____

ORGANIZATION TYPE - Select one (If none apply, your organization is not eligible to apply for this grant.)

Non-profit organization Public/Charter school Tribal Nation or school Government, other public entity

FUNDING AMOUNT REQUESTED - \$5,000 minimum - \$25,000 maximum \$ _____

Match amount, including in-kind (Percentage as compared to state grant funds requested)

1-24% 25-49% 50-74% 75-99% 100%+

TARGET AUDIENCE - Who are the youth that would be served by this grant?

Educational institution, nonprofit organization, or community group where participants are based

Name (school, center, etc.) _____

Address _____

City _____ State _____ Zip _____ County _____

How many estimated youth will be reached by this program?

Pre-K _____ 1 – 4th grade _____ 5 - 8th grade _____ 9 - 12th grade _____

TARGET AUDIENCE - Continued

Participants meet the following limited opportunity criteria: *(See pg. 7 of the Request for Proposals for instructions.)*

Attend schools with a reportable free and reduced-price lunch (FRPL) percentage of at least 40% during the 2022-2023 school year.

Percentage of youth who qualify for free and reduced-price lunch _____ %

School(s)/District _____

Reside in areas with a childhood poverty percentage above the Minnesota average of 11.3%.

Percentage of children under 18 below the poverty level _____ %

Area _____ County _____ Township _____ City _____ Zip Code _____

Represent an underserved audience or one with special needs. *(Please describe.)*

PARTNERSHIPS

Please list any partner organizations or groups you may work with on this project.

Outdoor location where project will be delivered or implemented (park, nature center, lake, outdoor venue, etc.)

Nearest City: _____

PROJECT ACTIVITIES & MATERIALS

Natural resource education or outdoor recreation supported by this project: *(Check all that apply.)*

Education classes that are held outside

Training of teachers, facilitators, mentors or volunteers to deliver environmental or outdoor education or recreation

Safety training for firearms, boat/water, ATV, snowmobile

Programs at state Parks or Trails

Programs at other parks, trails, nature or environmental learning center facilities

Minnesota School Forest Program activities and trainings

Outdoor Recreation activities with an educational, health or wellness component

Investigations on water issues or water education

Shooting sports including trap, skeet, archery

Hunting or Trapping

Angling (Fishing)

Paddle sports

Cross-country (Nordic) skiing or Snowshoeing

Biking or Hiking at state and local parks or trails

Camping at state and local parks

Snowmobiling or ATV riding

Schools courses and clubs

Mentoring programs

Other _____

Funding will be used for the following activities or materials: *(Check all that apply.)*

Staff time for development and delivery of project

Transportation or travel costs to eligible locations

Program fees, such as admission, tours, facility fees, hired educators/speakers, or equipment rental

Teacher prep time or substitute teacher stipends for curriculum integration or professional development

Curricula to lead outdoor or nature-based investigations

Classroom set of EOE equipment such as binoculars, cameras, GPS units, compasses, or other outdoor instructional tools

Outdoor recreation equipment such as snowshoes, cross-country skis, kayaks, canoes, paddles, bicycles, camping gear or clothing

Fishing equipment

Hunting or Trapping equipment
(Firearms and ammunition are NOT eligible)

National Archery in the Schools (NASP)

Safety equipment

Accessibility equipment

Other _____

PROJECT TITLE _____

Project start date (mm/dd/yyyy) _____ must be after April 1, 2024
 Project end date (mm/dd/yyyy) _____ must be before June 30, 2025

DESCRIPTION OF PROJECT

A. Need: Explain why state funding is being requested. What is the specific financial need? Are there any other factors driving demand for this project? *(Use only the space provided.)*

B. Project goal and objectives: *(Use only the space provided.)*

- 1) Based on the need for this project, outline your goals and learning objectives.
- 2) Describe how your project will meet these goals and objectives.
- 3) Does your project pilot or test new and innovative ways of reaching youth and getting them outdoors?

C. Target audience: Describe how your project maximizes the number of participants, especially from new, diverse, underrepresented, and underserved audiences with limited opportunities. *(Use only the space provided.)*

D. Program design: *(Use only the space provided.)*

- 1) Identify literature or examples of other successful projects that led to your project design and approach.
- 2) Identify the methods that will result in meeting stated objectives.
- 3) How will your project provide a multi-session, scope and sequence learning opportunity?

E. Project sustainability and extensions: What is your plan to continue the project once the grant is over? How will you extend the results of your project and share with colleagues or organizations who might learn from your project? *(Use only the space provided.)*

F. Project evaluation plan: Summarize how you will evaluate the project to determine whether it has been successful. How will you track participants? What you will measure? What is the starting point for measurement, and how you will document and verify the results? *(Use only the space provided.)*

PROJECT WORK PLAN

Use the following format to develop a work plan that describes how you will deliver and evaluate your program, including timeframes. If awarded a grant, ***this work plan will be incorporated into your grant agreement.***

Organization _____

Project Title _____

Project Summary - Describe your project and the expected outcomes. *(Use only the space provided.)*

Tasks – Outline the key steps (tasks) to implement the project and the necessary actions (subtasks) to implement each step. There is no minimum or maximum number of tasks a project must have. The two tasks that **must** be included are ***Evaluation*** and ***Reporting***. For each subtask, identify the timeframe, responsible party, and estimated funds.

Sample work plan can be found on the [No Child Left Inside website](#).

| Task number | Task name | Sub-task | Description of tasks | Person(s) responsible | Timeframe | Grant funds used | Match applied | Total cost |
|-------------|-----------|----------|----------------------|-----------------------|-----------|------------------|---------------|------------|
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |

BUDGET WORKSHEET

Budget – Enter your projected costs in each applicable category below: State-funded budget, Cash match, In-kind labor or services. Some projects won't have costs in all categories. Match may be in the form of cash or in-kind labor, materials, or services. If awarded a grant, **this budget will be incorporated into your grant agreement.**

Important: Costs incurred prior to the start date of the grant agreement are not eligible for reimbursement or match. *Please refer to the Request for Proposals for a full list of grant requirements, limitations and eligible expenses.*

Estimated Funding:

- a. State (amount you are requesting from MN DNR) \$ _____
- b. Applicant (funding from you) \$ _____
- c. Local funding from other sources (non-applicant) \$ _____
- d. In-kind (labor, materials, etc...) \$ _____
- e. Total project cost \$ _____

Estimated Budget – Itemize the project budget in the tables below.

| State-funded budget items (detail for item "a" above) | Item cost | # Items | Total cost |
|---|-----------|---------|------------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| State-funded total | | | |

| Cash match items (detail for items "b" and "c" above) | Item value | # Items | Total value |
|---|------------|---------|-------------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| Cash match total | | | |

| In-kind labor or services (detail for item "d" above) <i>Volunteer labor = \$31.80/hr.</i> | Item cost/ hourly rate | # Items/hrs. | Total value |
|---|---------------------------|--------------|-------------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| In-kind match total | | | |

Project Grand Total _____
(state-funded + cash match + in-kind match)

ACKNOWLEDGEMENTS *(Check boxes after completion and add your electronic signature.)*

Have you reviewed all the following documents on the [No Child Left Inside website](#)?

- Request for Proposals
- Sample Grant Contract Agreement, including Conflict of Interest expectations
- Insurance requirements

Have you reviewed the [Minnesota Government Data Practices Statute](#) for grantees? Information provided in this application becomes public data once grant awards are determined.

Is your organization aware of this application, and do you have board/admin approval to submit?

I certify I have read the application (narrative, assurances, budget and supplemental documents, if applicable) and will comply with the approved application and assurances herein and additional state, local, federal regulations and policies that apply to my organization.

SIGNED: