

**OFFICE USE ONLY**Tracking number **2025NCLI** \_\_\_\_\_

Date received \_\_\_\_\_ Time received \_\_\_\_\_ Staff administrator \_\_\_\_\_

eligible    not eligible

Region:    NW    NE    CENTRAL    METRO    SW    SE

## No Child Left Inside Grant Program 2025 - 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.
- Electronic signatures are required. Use [Adobe Acrobat Reader](#) (free) to complete your applications. Other PDF software may not accurately save your information.
- 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 17, 2024.**

Incomplete or late applications will NOT be accepted.

**Submit as PDF attachment to:** [outreachgrants.dnr@state.mn.us](mailto:outreachgrants.dnr@state.mn.us), with subject line "NCLI 2025 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.)

Nonprofit organization    Public/Charter school    Tribal Nation or school    Government, other public entity

**FUNDING AMOUNT REQUESTED** - \$5,001 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 \_\_\_\_\_

Participants must meet at least one of the following limited opportunity criteria. (Check all that apply. See page 8 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 2023-2024 school year.**

Youth who qualify for FRPL \_\_\_\_\_ % School(s)/District \_\_\_\_\_

**Reside in areas with a childhood poverty percentage above the Minnesota average of 10.9%.**

Percentage of children under 18 below the poverty level \_\_\_\_\_ %

Area \_\_\_\_\_ County \_\_\_\_\_ Township \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

**Reside in an environmental justice area within the 7-county metropolitan area.**

Census tract # \_\_\_\_\_ Please describe: \_\_\_\_\_

**Reside in nonnative English-speaking communities.**

Please describe: \_\_\_\_\_

**Represent an underserved audience 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, or equipment rental
- Content experts or Consultants** including hired speakers
- 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) \_\_\_\_\_ Project end date (mm/dd/yyyy) \_\_\_\_\_  
*must be after May 1, 2025* *must be before June 30, 2026*

**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.)*



**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
<b>State-funded total</b>			

Cash match items (detail for items "b" and "c" above)	Item value	# Items	Total value
<b>Cash match total</b>			

In-kind labor or services (detail for item "d" above) <i>Volunteer labor = \$33.49/hr.</i>	Item cost/ hourly rate	# Items/hrs.	Total value
<b>In-kind match total</b>			

**Project Grand Total** \_\_\_\_\_  
*(state-funded + cash match + in-kind match)*

**ACKNOWLEDGEMENTS** *(Check each box as confirmation and add your electronic signature.)*

In submitting this application, you are making a request to be considered for grant funds administered by the Minnesota Department of Natural Resources (DNR). The DNR is committed to upholding civil rights and ensuring equal access to programs, services, and information. Better understanding of customer demographics helps us develop targeted strategies for improving our services. You are required to provide this information to be considered for grant funds. Supplying this data, which [includes both public and private data](#), gives consent to having the public data made available. Public data includes organization name, location, project title, and amount requested. Private data is required for project administration and will not be published. In accordance with [Minnesota Statute 13.356](#), email addresses and phone numbers are private data. Refusal to supply this data, both public and private, removes your eligibility to receive grant funds. DNR and Minnesota Information and Technology staff with a specific job function directly related to administering this program will have access to your specific data. Finally, the DNR provides data to parties when specifically required by court order, and as otherwise provided by law. The public data you provide can be released by the agency in response to a Data Practices Request.

I have reviewed the following documents on the [No Child Left Inside website](#): Request for proposals, Insurance requirements, and Sample grant contract agreement, including conflict of interest expectations.

My organization is aware of this application, and I have received board/admin approval to submit.

I certify I have read the application and will comply with the approved application and assurances herein and additional state, local, federal regulations and policies that apply to my organization.

SIGNED: