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# Short Term Capacity Grant Request Form

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Minnesota Department of Natural Resources; Minnesota’s Lake Superior Coastal Program

## Instructions

1. Read the [guidance](https://www.dnr.state.mn.us/waters/lakesuperior/grants.html#text-1-3).
2. Complete this Request Form.
3. Email request and required supporting documentation to [mlscp.dnr@state.mn.us](mailto:mlscp.dnr@state.mn.us)

**Grant Request:**

Conference  Climate Action  Technology Upgrade  Youth Education

**In one or two sentences, describe the funding request (be specific):**

**Requested Contract Start Date:**       **Requested Contract Expiration Date:**

**Amount Requested in Grant Funds:**

**Submitted by:** (name, title)       **Phone:**       **Email:**

## Grant Contract Agreement Information

**Organization:**       **SAM Unique Entity Identifier:**       ([www.sam.gov](http://www.sam.gov/))

**Address: (street, city, state, zip)**

Organization’s Authorized Representative for Grant Contract Agreement (not for DNR requests)

**Name:**       **Title:**       **Address: (street, city, state, zip)**       **Phone:**       **Email:**      

## Project Information

*(Replace this italicized text with your own.) In approximately 500 words or less, describe the activity (who, what, when, where, and why). Include the need, the local/organization priority or initiative. Explain how you will manage the activities, and lasting benefits of the actions.*

*If hosting or attending an event: Include the target audience and how many people you expect to participate. Describe support from or involvement of the targeted audience. Attach a flyer, invitation, or agenda (if available).*

***Provide budget detail on the last page****.*

**How does this activity enhance or support coastal management?**

**List project partners, including their role and responsibilities:**

Are there any potential [conflicts of interest](https://mn.gov/admin/assets/grants_policy_08-01_tcm36-207108.pdf) that may be associated with these activities?

Yes  No If yes, explain further.

Do you expect to generate a profit from these activities?  Yes  No

If yes, who will receive the revenue and how will it be used?

If limited funds are available, are you interested in partial funding if available?  Yes  No

## Certification

By submitting this application, I certify that:

* I have the authority to apply for this grant.
* I have disclosed any actual, potential, or perceived conflicts of interest.
* I am submitting this application without collusion, with and without any agreement, understanding or planned common course of action with any other responder of materials, supplies, equipment, or services, designed to limit fair and open competition.
* The contents herein are true and accurate.

Requestor Signature:       Date:

## Budget

**Complete the following budget table for project expenses. Add additional rows if necessary.**

| Estimated Costs | Description | Total | Grant | Match |
| --- | --- | --- | --- | --- |
| **Personnel** | *Staff/volunteer name or position; # hours, $/hour, fringe description; tasks/roles* |  |  |  |
| **Travel** | *Mileage/Transportation (# miles; $/mile)*  *Meals (anticipated costs) (days; $/day or meal)*  *Lodging (anticipated costs) ($/night)* |  |  |  |
| **Equipment** | *Equipment Name: # units/price (purchase/rent); describe the Maintenance Plan* |  |  |  |
| **Supplies** | *Supply Name, description: # units x price* |  |  |  |
| **Contract** | *List contracts, provide detail* |  |  |  |
| **Other (includes conference expenses)** | *List costs, provide detail.*  *Eligible conference costs: facilities, refreshments, supply costs, speakers* |  |  |  |
| **Indirect** | *Negotiated indirect cost rate, or 10% de Minimis* |  |  |  |
| TOTAL |  |  |  |  |

How will you provide the required 10% match (source)?

Is there any other budget detail that may be helpful?

**For Coastal Program Use Only**

Comments:

State’s Authorized Representative: Date: