For Office Use Only	
Date of submission	
☐ Approved ☐ Denied Date:	
Staff Initials	

2026
COMMUNITY GRANT APPLICATION

Instructions: Please complete the application below and submit original application (typed) with attachments (i.e. verification of not-for-profit status) to Renae Kopischke, City Clerk, 10 Civic Center Plaza, PO Box 3368, Mankato MN 56001 by Friday, February 6, 2026, no later than 4:30 p.m. **Incomplete/late applications will not be processed.**

Applicant Information

Name of Applicant Artist/Organization: _____ Year Founded: _____

Social Security or Tax ID#: _____ Website Address: _____

Address (include city, state, zip): _____

Administrative Officer: _____ Phone Number: _____ Email: _____

Contact Person: _____ Phone Number: _____ Email: _____

Is the Organization/Sponsor a 501 (c)3? ☐ No ☐ Yes **Please attach verification of non-profit status**.

Total expenditures for the last completed fiscal year: _____

Total revenues for the last completed fiscal Year: _____

APPLICATION SUMMARY

Grant category area that best describes this application (check one):

☐ Community Performing Arts and Music
☐ Community Beautification and Public Art
☐ Community Social Services

Applicant (check one):

☐ Individuals (eligible for no more than $2,500)
☐ Organizations with prior year operating income of less than $50,000 (eligible for no more than $2,500)
☐ Organizations with prior year operating income of $50,000 or more (eligible for no more than $5,000)

Requested Amount: _____

Please summarize your proposal in one or two sentences:

Application Narrative

Please type your answers to the following questions. Do not use type smaller than 10-point.

Please provide an individual or organization profile including a brief background/history and how you are qualified to accomplish the proposed project/program.

Describe the project/program that you are requesting funds, its purpose and measurable objectives. Include the need, the intended impact on the community, target audience, and how it advances your mission and goals. Also, include a timeline of checkpoints for tasks and activities, and the plan for follow-up and evaluation of the project/program.

Describe how you or your organization, and the project/program for which funds are being requested are helping to advance the City of Mankato Strategic Plan, or, how they will enhance the quality of life for City of Mankato residents.

Provide evidence of community support for your project/program. Describe plans for collaboration with local schools, social service agencies or community groups; volunteer involvement (including board support); and in-kind contributions from community members.

Provide a budget narrative for all items of the proposed project/program budget.

Budget Information

Fiscal Year ends month/day _____	**Current Fiscal Year**	**Year in which funds are requested** (if different from the current year)
	FY 20_____	**FY 20_____**
Cash income		
1. Admissions/earned income		
2. Contracted services revenue		
3. Other revenue from operations		
4. Corporate support		
5. Foundation support		
6. Individual contributions/benefits		
7. Federal/state grants		
8. Other _____		
9. Applicant cash forward		
10. Income from endowment		
11. Community Grant requested from City of Mankato		
Total operating cash income (add 1-11)	**$**	**$**
Anticipated expenses		
1. Personnel - administrative		
2. Personnel - program		
3. Personnel - other		
4. Outside services		
5. Space rental		
6. Travel		
7. Marketing		
8. Fundraising costs		
Total cash operating expenses	**$**	**$**
Net cash operating gain/loss (subtract total cash expenses from total cash income)	**$**	**$**
Total in-kind contributions		
Revenue for capital, operating or endowment services		
Capital expenditures		

Demographic Served

Applicants must fill in each box in the chart below using the most accurate numbers available. Use the letters 'NA' to indicate categories that are not relevant. If needed, use the "Comments" column to explain your response.

Organizational applicants, please use information from your most recently completed fiscal year. **Individual applicants**, please present the most accurate profile possible based on projects presented within the last year. Include yourself as either paid staff or volunteer.

	Total (number of)	Comments
Paid Staff		
Board Members		
Volunteers (not including Board Members)		
Total Paid Audience/Attendees (Typically applies to Performing Arts and Music applicants)		
Total Reduced Cost Audience/Attendees (Typically applies to Performing Arts and Music applicants)		
Total Free Audience/Attendees (Typically applies to Performing Arts and Music applicants)		
Number of individuals directly served by the organization (Typically applies to Community Social Services applicants)		
Other Demographics (Please explain)		

Statement of Assurances

If the grant is awarded, the applicant agrees to credit the City of Mankato support in all related publicity and media materials used in connection with the funded project/program and submit to the City of Mankato a final report by December 31, 2026.

The applicant also assures the City of Mankato that funding will be administered by the applicant; that any funds received under this grant shall be used solely for the described activities; that the applicant has read and will conform to the program guidelines; that the filing of this application by the undersigned, officially authorized to represent the applicant, has been duly approved by the governing board of the applicant organization, if applicable.

Applicant Signature

☐ I agree that all the information in this application is true and accurate.

Signature: _____ Date: _____

Printed Name and Title: _____

Submit completed application electronically to rkopischke@mankatomn.gov
(Note: If you are not able to submit electronically, please submit via paper copy to the address below.)

City of Mankato, City Clerk's Office, 10 Civic Center Plaza, PO Box 3368, Mankato, MN 56002-3368