

INSPIRITUS Community Health Foundation 2025-2026 Application

Inspiritus Community Health Foundation

INSPIRITUS Community Health Foundation

INSPIRITUS Community Health Foundation

308 2nd Ave SW, Minot, ND 58701

(701) 837-1726 Fax (701) 838-3517

GRANT APPLICATION

The mission of INSPIRITUS Community Health Foundation is to promote and support projects and services that contribute to the mental, physical, spiritual and emotional well-being of residents in **North Central North Dakota**. The counties include Bottineau, Burke, McHenry, McLean, Mountrail, Pierce, Renville, Rolette, Sheridan, Ward, and Wells.

IRS Determination Letter*

Please upload the Internal Revenue Service determination letter stating the applicant organization to be a non-profit, tax exempt organization under IRS Code 501(c)(3) or a letter stating the organization is governmental (federal, state, county or town).

Not acceptable: the Secretary of State's certificate as a non-profit corporation, the employer's tax identification number, the organization's tax-exempt number or the application to the IRS for 501(c)(3) status.

File Size Limit: 5 MB

Governing Board Endorsement Letter*

Please upload a statement or letter indicating that the grant request is endorsed by the governing board. This could be an excerpt from the minutes of an official meeting or a letter from a senior officer of the organization quoting the action taken.

File Size Limit: 2 MB

Governing Board Members List*

Please upload a list of the applicant's governing board members, their titles, addresses, and phone numbers.

File Size Limit: 2 MB

Current Fiscal Year*

Please upload a current fiscal year or calendar year organizational budget. This is the **overall budget for the organization** and should not be confused with the project budget.

File Size Limit: 5 MB

Complete Project Budget*

Please upload a **complete budget for the project** which also indicates the time period in which funds will be spent. If the grant request is for a specific program or item within a total project budget, this should be indicated on the application. However, the total project budget is necessary to support the request for funds.

File Size Limit: 5 MB

Current Balance Sheet-Statement of Financial Position*

Please upload the organization's current balance sheet-statement of financial position.

File Size Limit: 5 MB

Current Income and Expense Statement-Statement of Financial Activity*

Please upload your current income and expense statement, also known as a statement of financial activity.

File Size Limit: 1 MB

Mission*

Please describe the mission of the applicant organization.

Character Limit: 5000

Project Title*

Character Limit: 100

Project Description*

Description and goals of project.

Character Limit: 5000

Beneficiaries*

Who will benefit from this grant? (list communities, groups, and/or individuals.)

Character Limit: 1000

Grant Type*

Submitted grant applications are considered for an INSPIRITUS Community Health Foundation regular grant or for the *Twice Blessed Program* matching grant. The ICHF grant committee and board select organizations to participate in the *Twice Blessed* Program. Click [HERE](#) to learn more about *Twice Blessed*. Please select the type of grant that you feel is best for your organization.

Choices

Twice Blessed Program Grant

Regular Grant

Please describe why you feel this is the best grant for your program.*

Character Limit: 250

Amount Requested*

Character Limit: 20

Percentage of Budget*

What percentage of the total project budget does the amount requested represent?

Character Limit: 100

Mission Relation*

How does this project meet the mission of INSPIRITUS Community Health Foundation?

Character Limit: 5000

Grant Acceptance*

The grant application deadline is August 15, 2025.

Should we be approved for a grant, I understand that funds will be distributed by February 2026.

Choices

Yes

No

Grant Check*

Please enter the agency name as it should appear on the check of a grant award.

Character Limit: 500