2024 TRIBAL NATIONS GRANT PROGRAM
APPLICATION FOR FUNDING

Applications will be accepted beginning 9 a.m., Monday, Dec. 18, 2023.

Completed applications must be submitted to: EMTgrant@state.mn.us and will be accepted through **4 p.m., Friday, May 31, 2024**, or until all funds have been awarded.

Incomplete applications will be rejected and returned to applicant to correct and resubmit.

The 2024 Tribal Nations Grant Program Guidelines can be found at: exploreminnesota.com/grants.

CONTACT INFORMATION

Organization Name:

Street Address:

City: State: Zip:

Contact: Title:

Email: Phone:

Organization Website:

Minnesota Vendor/Supplier ID:
If you do not know your state-issued vendor/supplier ID, contact Vendor Resources before submitting your application.

☐ Our organization is set up to receive funds from the State of Minnesota via direct deposit/ACH/EFT.

Vendor Resources	Website or email address	Phone
mn.gov/mmb/accounting/swift/vendor-resources/		
Electronic Funds Helpline	efthelpline.mmb@state.mn.us	651-201-8106
Vendor Assistance	vendor.mmbfax@state.mn.us	651-201-8100

ELIGIBLE APPLICANTS

This program is open to the 11 Tribal Nation Governments in Minnesota. Please select the Nation you represent:

- ○ Cansa'yapi / Lower Sioux Indian Community
- ○ Gaa-waabaabiganikaag / White Earth Nation
- ○ Gaa-zagaskwaajimekaag / Leech Lake Band of Ojibwe
- ○ Gichi-Onigaming / Grand Portage Band of Lake Superior Chippewa
- ○ Mdewakanton / Shakopee Mdewakanton Sioux Community
- ○ Misi-zaaga'iganiing / Mille Lacs Band of Ojibwe
- ○ Miskwaagamiiwi-Zaagaiganing / Red Lake Nation
- ○ Nah-gah-chi-wa-nong / Fond du Lac Band of Lake Superior Chippewa
- ○ Pezihutazizi / Oyate (Upper Sioux Community)
- ○ Tinta Wita / Prairie Island Indian Community
- ○ Zagaakwaandagowininiwag / Bois Forte Band of Chippewa

GRANT FUNDING LIMITS

Up to $181,800 may be requested per Tribal Nation Government. Organizations are not required to request the maximum grant amount.

FUNDS REQUESTED

= total grant award amount being requested.

CERTIFICATION

I, *(person completing application)*, am authorized to request **2024 Tribal Nations Grant Program** funding on behalf of *(organization name)*.

By checking all boxes and signing below, I certify:

- ☐ The organization I represent is an eligible entity under the **2024 Tribal Nations Grant Program**.
- ☐ By accepting this grant award, I am obligating State funding which cannot be used for any other purpose.
- ☐ The organization above accepts all responsibilities as outlined in the **2024 Tribal Nations Grant Program Guidelines** and are not contingent upon my continued employment with the organization.
- ☐ Explore Minnesota will conduct at least one (1) monitoring visit with each grantee during the grant cycle.
- ☐ State grant funds will be utilized in accordance with the **2024 Tribal Nations Grant Program Guidelines** with all grant projects completed **on or before Tuesday, June 30, 2026**.
- ☐ Reconciliation material will be completed and submitted for reimbursement **on or before 4 p.m., August 25, 2026**.
- ☐ The Project Summary Worksheet and Project Budget Worksheet have been completed for this grant funding request.

Authorized Signature: _____ Date: _____

(A typed or script font cannot be used in place of a wet, uploaded image or digital signature.)

Explore Minnesota OFFICE USE ONLY

Industry Relations: _____ Date: _____

Senior Manager: _____ Date: _____

Supplier Contract #: _____ PO #: _____

PROJECT SUMMARY WORKSHEET

Please provide a brief description of the project(s) you intend to use grant funding toward. Use additional pages if necessary.

How will this grant support tourism in your community?

How will you measure success? Briefly explain how the project will be evaluated and the output and outcomes that will be measured.

BUDGET NARRATIVE WORKSHEET

Provide a budget narrative of your anticipated expenses as they relate to your project(s) and delivering the grant's objectives.

Budget Activity Expenses

Please estimate your organization's anticipated expenses as they relate to the project(s) outlined on the Project Summary Worksheet (page 3). Eligible tactics are also referenced in the **2024 Tribal Nations Grant Program.**

Activity/Tactic	Grant	Grantee *(if applicable)*	Total
Tourism Initiatives *Such as: research, equipment, elder honorariums, training, education/certifications, community*			$ 0.00
Tourism Marketing *Such as: general marketing; travel trade, meetings & conventions; sports marketing; public event marketing; diversity, equity, accessibility & inclusion marketing*			$ 0.00
Third Party Vendor *Such as: website development, social media management, fulfillment pieces, media production, direct mail, public relations services*			$ 0.00
Travel			$ 0.00
Salaries			$ 0.00
Other ***(please specify)*****:**			$ 0.00
Total:	$ 0.00	$ 0.00	$ 0.00