

PIESCHEL FAMILY FOUNDATION

Mission: *To enhance the social, cultural, educational, spiritual, economic and physical quality of life in the greater Springfield community through financial support to those organizations, institutions, programs, projects or foundations that will contribute to that broad objective; to provide support for programs designed to bring those with physical or mental handicaps into the mainstream of life in their communities.*

Part 1 - Organization Making Application:

Full legal name:

Complete address:

Phone:

Email:

Name of Chief Officer:

Mission, purpose or objective of Applicant organization:

Purpose of Grant Request: A brief statement explaining the project or program for which the Grant is being requested:

Time Frame: When will the project or program begin and when will it be completed?

Begin date:

Completion:

Note: All requests for information must be completed in full.

Statement of Applicability: Please explain how you feel this request would help fulfill the Mission of the Pieschel Family Foundation:

Part 2- Grant Request

- A. Total funds needed for project/program
- B. Total amount of your Grant Request
- C. Are there other sources available to assist you with the funding needed for your project? If so, please indicate the source of the additional funding needed to complete the project/program and when you expect it to be available to you.
- D. If there is a difference between funds needed for your project and the requested Grant, please indicate the source of the additional funding needed to complete the project/program and when you expect it to be available to you.
- E. Indicate whether the program/project will be initiated in this **current** year if the Grant awarded is less than requested.

Part 3 - Other Requirements of Application

- A. **Organization Approval** – If Application is submitted by individual other than the Chief Officer of the organization (i.e. President, Superintendent, Manager, Administrator, Mayor) that Chief Officer **must approve** the submission of the application.
- B. **Tax Exempt Status** – Unless you have **previously** received a Grant from this Foundation, it is necessary that you provide evidence of the organization's tax-exempt status under Section 501(c)(3) of the **Internal Revenue Code**. You will be asked to provide this before Grant money is disbursed. Note: The State of Minnesota Certificate of Tax Exempt Status is not necessary and **does not** fulfill this requirement.

Part 4 - Certification and Signature

- A. The applicant agrees to use the funds from this Grant **solely for the purpose stated in the application** and agrees to refund any unexpended portion of the funds.

Signature & Title

Chief Officer Approval

Printed Name & Title

Printed Name & Title

Date

Date

Note:

Grant applications must be submitted prior to March 17, 2026.

Grants will be awarded following the close of this first quarter.

If additional space is needed to respond to these questions, please add a page.

Return completed applications to : F&M Bank

ATTN: Pieschel Family Foundation
101 North Marshall Avenue
PO Box 126
Springfield, MN 56087

Completed applications may also be emailed to sellefson@fmbspringfield.com