**2018 Community Impact Application - Economic Vitality - Minority-Owned Businesses**

**Title of Request**

**Summary Information**

Legal Name of Organization:

Dollar Amount Requested:

Summary of Request: *(350 character limit)*

**Organization Information**

Provide a Brief Mission Statement of Your Organization: *(350 character limit)*

Year Organization Established:

Annual Organization Budget:

Organization Website:

Employer Identification Number:

Organization Address:

Organization Phone Number:

Is the organization information current? Y/N

If no, please make necessary changes here.

Name of Head of Organization:

Title:

Phone:

Cell Phone:

Email:

**Type of Organization**

\_\_\_ 501(c)(3)

\_\_\_ 501(c)(4)

 If 501(c)(4):

 By checking this box and signing, this organization, if approved for funding, agrees that all grant funds will be used solely for charitable purposes (described in Section 170(c)(2)(B) of the Internal Revenue Code). These funds must not, under any circumstances, be used to cover fundraising expenses or to support partisan political activities.

\_\_\_ Other

 If other, please describe:

 Contact information for Fiscal Agent

**Proposal Contact Information**

Name of Contact Person for This Application:

Title:

Email:

Phone:

Cell Phone:

Is the above contact information accurate? Y/N

If no, please make necessary changes here.

**About Your Programs and Constituents**Briefly describe your organization's major programs and activities. *(1500 character limit)*Briefly describe who you primarily served in 2016. Include specifics, as they apply in terms of age, race, ethnicity, income and in any other manner that reflects your constituency. *(1000 character limit)*
Are there any factors you would like to highlight about the population you are serving that affect the success of your work and improved outcomes? *(1000 character limit)*How many people were served through your programs in 2016?

How many people you served in 2016 are people of color and/or American Indian?

Total

Percentage of total served

How many of the people you served in 2016 live in Minneapolis?

Total

Percentage of total served

**Equity**

Select the primary type of equity your organization addresses: (For more information see page 8 of [“Our Approach to Community Impact – Strategic Framework](https://www.minneapolisfoundation.org/wp-content/uploads/2016/04/Strategic-Framework.pdf)”)

Social

Economic

Racial

Please list one to three indicators that you use to demonstrate the need to advance the primary type of equity addressed by your organization. Please include the data and the source of each indicator. Use the most current data available if possible.

Example: (This example is not intended to be specific to the focus area you selected.)

Indicator: Black unemployment continued to decrease from 8.8 percent in December and January to 8.1 percent in April. Though still among the lowest rates seen in records dating back to December 2001, the Black unemployment rate is more than double the White unemployment rate. White unemployment remained stable at 3.1 percent, its highest level since February 2015. Hispanic unemployment decreased slightly from 5.7 percent in March to 5.4 percent in April. It should be noted that due to relatively small sample sizes, the calculated unemployment rates for Black and Hispanic individuals are more susceptible to random measurement error.

Minnesota over-the-year changes in unemployment rate by race or ethnicity as of April 2017:

* Black or African American, 8.1 percent, compared to 12.0 percent 12 months ago
* White, 3.1 percent, compared to 2.9 percent 12 months ago
* Hispanic or Latino, 5.4 percent, compared to 5.0 percent 12 months ago
* All workers statewide, 3.9 percent, compared to 3.7 percent 12 months ago

Source: Minnesota Department of Employment and Economic Development (DEED), Alternative Measures of Unemployment, https://mn.gov/deed/data/current-econ-highlights/alternative-unemployment.jsp.

Select the primary Shift of Social Change that your organization seeks. (For definitions of the five shifts, please see the [Strategic Framework](https://www.minneapolisfoundation.org/wp-content/uploads/2016/04/Strategic-Framework.pdf), page 9).

* Shift in Behavior
* Shift in Definition
* Shift in Engagement
* Shift in Policy
* Maintaining Past Progress

How will this grant advance the primary type of equity (selected above) addressed by your organization and the Shift of Social Change that you seek? How will you know when a shift is achieved? We understand that Shifts of Social Change may take longer than the grant period to achieve. (*2000 character limit)*

Please describe how your organization’s board and staff reflect the populations you are serving (racial and ethnic backgrounds, gender balance, income, etc.). (*800 character limit*)

*PLEASE NOTE: Consistent with the equity framework adopted by The Minneapolis Foundation, we will prioritize partnering with organizations led by people who share the cultural or racial identity of those that they serve. Upon submitting this application, you will be asked to upload several documents including a full list and summary describing the number and diversity of your board members and senior leadership staff.*

Do your organization’s policies and practices comply with the Minneapolis Foundation’s non-discrimination policy and the Americans with Disabilities Act? [(see Grant Guidelines, page 12)](http://www.minneapolisfoundation.org/wp-content/uploads/2015/05/Grant-Guidelines-2017-Revised_-4-12-17.pdf)

Yes / No / Uncertain

What best describes the population you will primarily serve? Please select one.

* Communities of Color
* Immigrant Communities
* Ex-offenders
* Underserved Communities
* Other (briefly describe) (*500 character limit*)

What is the targeted geographic reach of this proposal? Please list any specific areas or neighborhoods that will be targeted in this work. Our grants must directly impact Minneapolis residents. *(800 character limit)*

As you consider how you will report your impact in the final report to The Minneapolis Foundation, please select all categories for which you will be able to identify and report numbers of those you engaged and/or served with this grant.

*PLEASE NOTE: Consistent with The Minneapolis Foundation’s commitment to evaluating our impact and our focus on historically underserved communities, an organization’s inability to report back on demographics of those served, or an ability to assess return on investment may impact whether or not an organization is considered for a grant.*

* Minneapolis residents
* Low-income
* Immigrants
* Race and Ethnicity
* Ex-offenders
* Other (briefly describe) (*500 character limit*)

If applicable, please describe any other specifics you intend to track and report regarding the populations served through this grant. (*800 character limit*)

**Proposal Details**

Title of Request:

Summary of Your Request:

Dollar Amount Requested:

Type of Request: (Choose one)

General Operating

If you select general operating support, do you have other funds committed for general operating support for 2018? Y/N

 Project Support

If you select project support, what is the estimated cost of the project? (Number only)

Do you have other funds committed to this project for 2017? Y/N

Is the project support for which you are seeking funding a: (Choose one)

 New initiative

 Existing initiative

**Specific Activities and Outcomes**

Based on the selection of the Key Driver of Strengthening the Delivery of Financial and Technical Assistance to Minority- Owned Businesses, select one Fundable Activity and Key Result.

Fundable Activity:

 Existing community-based networks providing technical assistance, establishing business incubators, and expanding alternative financing options.

Key Results:

 New minority-owned businesses are created and developed.

 Minority-owned businesses sustain and create new jobs paying a living wage with benefits.

Based on your selected Key Driver, Fundable Activity and Key Results, please list one to five specific activities and intended outcomes. For each intended outcome, please tell us how you will measure results quantitatively and/or qualitatively. You may have the same outcome for more than one activity. See example:

EXAMPLE: (This example has been created for a fictional focus area.)

 Activity:

 Deliver flying lessons to 1000 Minneapolis residents

 Intended Outcome:

 750 people are able to fly without safety nets

 How will results be measured for this outcome?

Qualitative: Pre-and post-assessments to determine how participants benefited from training

 Quantitative: Count the number of flying participants at annual event

How many activities will you list?

*(Select 1, 2, 3, 4, or 5)*

**Activity 1:**

Intended Outcome:

How will the results be measured quantitatively and/or qualitatively?

**Activity 2:**

Intended Outcome:

How will the results be measured quantitatively and/or qualitatively?

**Activity 3:**

Intended Outcome:

How will the results be measured quantitatively and/or qualitatively?

**Activity 4:**

Intended Outcome:

How will the results be measured quantitatively and/or qualitatively?

**Activity 5:**

Intended Outcome:

How will the results be measured quantitatively and/or qualitatively?

Describe your primary strategy and program to achieve results in greater detail. (1500 character limit, including spaces)

Please create a timeline for the specific activities you have highlighted above. Include any specific dates or deadlines relevant to your success and planning. (2500 character limit, including spaces)

Estimate how many new Minneapolis based minority-owned businesses will be developed in 2018 (Number only)

Explain how you arrived at this estimate. (1000 character limit, including spaces)

Estimate how many Minneapolis based minority-owned businesses will receive technical assistance in 2018.

Explain how you arrived at this estimate. (1000 character limit, including spaces)

Estimate how many hours of training and technical assistance will be provided to Minneapolis based minority -owned businesses in 2018. (Number only)

Explain how you arrived at this estimate. (1000 character limit, including spaces)

Estimate how many jobs will be created by new and existing minority-owned businesses based in Minneapolis in 2018.

Explain how you arrived at this estimate. (1000 character limit, including spaces)

What are the anticipated wage earnings of employees of minority-owned businesses in Minneapolis?

Choose one:

 Hourly

 Annual

Explain how you arrived at this estimate. (1000 character limit, including spaces)

How many Minneapolis minority-owned businesses (percent) will provide benefits for their employees? (Number only)

Describe what are the anticipated benefits of employees of minority-owned businesses in Minneapolis (health coverage, vacation, sick, personal or family leave, etc.)? (1000 character limit, including spaces)

What is the anticipated average net increase in income and wealth of the Minneapolis based minority-business owners as a result of your program?

Choose one:

 Hourly

 Annual

How many loans were approved for Minneapolis based minority-owned businesses in 2016? (Number only)

How many loans do you anticipate being approved for Minneapolis based minority-owned businesses in 2018?

Describe any differences and the rationale for the number of loans anticipated in 2018. (1000 character limit, including spaces)

What is the amount of loans approved for Minneapolis minority-owned businesses in 2016? (Number only)

What was the amount of additional loan funds leveraged to Minneapolis minority-owned businesses in 2016? (Number only)

Please describe your efforts to benchmark and expand existing Minneapolis based minority-owned

businesses. (1000 character limit, including spaces)

What is the average cost to serve each client?

Explain how you arrived at this estimate. (1000 character limit, including spaces)

What is the Return on Investment (ROI) for your program and program participants?

Explain how you calculated the ROI for your program and program participants. (1500 character limit, including spaces)

What other methods or metrics will you incorporate as part of your final report to The Minneapolis Foundation?

**Financial Information**

Has your organization previously received financial support from The Minneapolis Foundation? Y/N

If yes, please list the three most recent grants including the ID number, year, amount and purpose of each.

Is your organization a supporting organization for an IRS designated 501(c)(3) organization? (Please note, if your organization has independent 501(c)(3) status, you may still be classified as a supporting organization of another nonprofit). Y/N

If yes, please explain. (500 character limit, including spaces)

The Minneapolis Foundation’s policy is to encourage grantee partners to diversify revenue streams and not rely on the Foundation for long-term funding. Describe your organization’s progress toward diversified financial streams and sustainability. (e.g. individual donors, endowment, revenues, etc.). (2500 character limit, including spaces)

**Confirmation and Signature**

By checking this box, the applicant confirms that the Executive Director or CEO, not the Development Director, has approved the submission of this application and certifies that all of the information is true and accurate. In addition, this person agrees to the terms of the grant, including submitting a final evaluation, if approved.

Please type the name and title of the person who has authorized the submission of this application to The Minneapolis Foundation. Typing the name and title here is an electronic signature.

Name

Title

|  |  |
| --- | --- |
| Please Upload These Documents | App |
| Current fiscal year organization operating budget  |  |
| Financial Statements - current within 60 days (Income & Expense Statement and Balance Sheet)  |  |
| Most recent AUDITED Financial Statements (Income & Expense Statement and Balance Sheet)  |  |
| List of board members, including total numbers & diversity |  |
| List of key full-time staff, including total numbers & diversity |  |
| List of major sources of philanthropic support for the current fiscal year |  |
| List of major sources of philanthropic support for the next fiscal year, or year of the grant period. |  |
| Project budget (if applicable) |  |
| List of major sources of philanthropic support for the project (if applicable) |  |
| 501 (c)(3) letter (if a new grantee) |  |
| Fiscal agent letter (if applicable)  |  |