**2018 Community Impact Application - Transforming Education**

**Key Driver: Increase Access to High-Quality Early Childhood Education**(Please note: This application is for worked performed during 2018.)

**Title of Request**

**Summary Information**

Legal Name of Organization:

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:

Name of Head of Organization:

Title:

Phone:

Cell Phone:

Email:

**Type of Organization**

\_\_\_School District/Government Entity

\_\_\_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:

Work Phone:

Cell Phone (Optional):

**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? (Number)

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

Total Number

Percentage of total served

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

Total Number

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 or scope 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 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 this request: *(auto populate)*

Provide a summary of your request: *(auto populate)*

Dollar amount requested: *(auto populate)*

Type of request (choose one)

General operating support

Project support

If project support, what is the estimated total cost of the project?

Do you have other funds committed to this project? Yes/No

The project for which you seek funding is a: (choose one)

New initiative

 Existing initiative

Is your organization less than 12 months old? Yes/No

If yes, please give a brief narrative description of how your organization developed, the data you relied upon in identifying your mission and operational plan, and what proven or promising practices you have used to build your structure for programming. Please also include information about the background and skills of the leadership team and what partnerships and contacts in the community you have established to support and accelerate your success. Please answer the remaining questions to the best of your ability and write “N.A.” in any fields that ask for data or information about prior years of operation. (1500 character limit, including spaces)

Please select one Key Driver, Fundable Activity and Key Result

Key Driver:

Increase access to high-quality early childhood education

**Fundable Activities**

1. Promoting access to high-quality early childhood education and the use of meaningful quality rating systems that enable parents to select quality early learning programs.
2. Implementing research-based strategies proven to dramatically improve kindergarten readiness for low-income and underserved children.

**Key Results**

1. Low-income students in Minneapolis have access to quality early childhood education
2. Low-income students in Minneapolis enter kindergarten ready to learn.

Please list one to five activities and key outcomes for your proposed work. We realize you may attribute the same outcome to multiple activities. (up to 2000 characters, including spaces)

Does your organization provide on-site early childhood education programming? Yes/No

If yes, how many unduplicated preschool aged children (3- and 4-year-olds) do you expect to serve in your on-site academically-based programs during the grant period?

If the structure of your on-site programming does not align well with this question (e.g. your program is built on a semester by semester model or your program is designed to serve children who are highly mobile), please describe your structure below and the total (unduplicated) number of children you expect to serve during the grant period.

What percentage of the preschool-aged children you expect to serve live in Minneapolis?

Describe the populations you will be serving. Please break down by gender, race/ ethnicity, and age group.

What assessments do you use to measure kindergarten readiness (e.g. Work Sampling, Individual Growth & Development Indicators, etc.)? (250 character limit, including spaces)

Last year, what was the total (unduplicated) number of 4-year-olds you tested for kindergarten readiness? (Number)

How many of the 4-year-olds you tested were assessed kindergarten ready? (Please specify which assessment this data is based upon.) (Number)

Does your organization conduct home visits that include direct educational instruction or support for parents in helping their children learn? Yes/No

If yes, what is the total (unduplicated) number of preschool children (3- and 4-year-olds) who received one or more home visits in the past year?

Does your preschool program have a Parent Aware rating? Yes/No

 If yes, what is your Parent Aware rating?

Does your preschool program have any other accreditation? (e.g. NAEYC) Yes/No

 If yes, please list:

What additional data have you collected over the past two years to show your success in preparing low-income students of color to enter kindergarten ready to learn? (Please emphasize quantitative data.) (1500 character limit, including spaces)

Does your organization engage in activities aimed at increasing the number of Parent Aware rated preschool programs OR to increase access and parent demand for 3- and 4- star Parent Aware rated programs? Yes/No

If yes, please select the category that most accurately describes the geographic scope of your activities:

* Minneapolis
* Twin Cities Metro
* Statewide

How many people do you expect to reach during this grant period and what activities / methods will you use? Please categorize expected number of people reached by outreach method. (e.g. radio ads: 2000 people, public awareness events: 500 people, etc.) (1500 character limit, including spaces)

Describe your organization’s past successes regarding advocacy for increased access and parent demand for high-quality early childhood education. (Please emphasize quantitative data.) (1500 character limit, including spaces)

Please provide a timeline with the specific activities you have highlighted. Include any specific dates or deadlines relevant to your success and planning. (2500 characters)

Does your organization collaborate with other organizations or groups in the community? Yes/No

If yes, please list key collaborations, the roles of key partners and explain how the collaboration helps to strengthen your ability to achieve your mission.

**Additional Information**

Are you a current grantee funded from January - December 2017? Yes/No

If yes, please describe your progress toward the outcomes identified in the grant. Are you meeting your intended outcomes? Provide numeric updates. (1500 character limit, including spaces)

Are you experiencing any significant changes that may impact your ability to successfully complete your current grant? Yes/No

If yes, please describe*.* (1500 character limit, including spaces)

The Minneapolis Foundation encourages 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.)

The Minneapolis Foundation also encourages grantee partners to engage in succession planning to prepare for planned and unforeseen transitions in key staff leadership positions such as the executive director or school leader. Please briefly describe your organization’s plans in the event your executive director or school leader unexpectedly departs the organization or is unable to serve for an extended period. (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 submission of this application and certifies that all 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 submission of this application to The Minneapolis Foundation. Typing the name and title here is an electronic signature.

|  |  |
| --- | --- |
| 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)  |  |

Name

Title