

**OneMpls Application Spring 2019**

**ORGANIZATION**

**Legal name of the organization:**

**Fiscal Sponsor Name (if applicable):**

**Organization Street Address:**

**Organization City, State and Zip Code:**

**Organization website:**

**HEAD OF ORGANIZATION**

**Name of head of organization:**

**Title:**

**Phone:**

**Email Address:**

**CONTACT INFORMATION**

**Name of contact person for this application:**

**Title:**

**Phone:**

**Cell** **phone** **(Optional):**

**Email:**

**PROPOSAL DETAILS**

1. **Provide a brief overview of your organization’s mission and purpose. (500 words or 3000 characters)**
2. **Describe the primary population(s), communities, and stakeholders that are priorities for the work covered in this proposal and how your organization engages them. (500 words or 3000 characters)**
3. **What is your total project budget? (Format response as $xxx,xxx.)**
4. **How much funding are you requesting? (Format response as $xxx,xxx)**
5. **Please summarize your request. (500 words or 3000 characters)**
6. **How does your proposed work align with the investment focus and goals of the OneMpls Fund? (500 words or 3,000 characters)**
7. **How will your proposed work influence policies or systems? (500 words or 3,000 characters).**
8. **How does the proposed work advance equity for disinvested racial, cultural or socioeconomic groups? (500 words or 3,000 characters)**
9. **Are there any organizational or individual partners who are key collaborators in the proposed work? If so, describe how they will be engaged and your relationship with them. (500 words or 3,000 characters)**
10. **Please describe your capacity to measure and evaluate impact.**
11. **Are you willing to share and disseminate the results of this work? Be part of a OneMpls Fund cohort? Yes/No Why or why not?**
12. **Is there any additional information that you would like to provide? (500 words or 3,000 characters)**

**AUTHORIZATION**

**By submitting this request to the Minneapolis Foundation on behalf of your organization’s CEO/President/Executive Director, etc. you attest that all relevant staff have reviewed this application and the information it contains is accurate and complete. (Select Yes or No)**

**ATTACHMENTS**

* **Current fiscal year organization operating budget**
* **Project budget for the proposed work**
* **List of major sources of philanthropic support for the current fiscal year**
* **Board and relevant staff list (with data pertaining to the racial/ethnic and income diversity of members)**
* **Most recent audited financial statements (Income & Expense Statement and Balance Sheet)**