WCA Foundation — Fall 2022 Grant Round

This grant round opens on September 15, 2022.

WELCOME!

Thank you for your interest in applying for a WCA Foundation grant from the Minneapolis Foundation. Before reviewing the questions and prompts below, please be sure you have reviewed the grant guidelines for this funding opportunity.

All applications must be submitted by the deadline of **Thursday**, **November 3, 2022 at 4 p.m**.

As you consider applying for this funding opportunity, Julia Ruther is available at jruther@mplsfoundation.org to answer questions about the content of your proposal. If you have technical questions about this process, please contact our Grant Administration team at grantsupport@mplsfoundation.org or 612-672-8665.

		Response options
Title of the Application *The title of the application should reflect your specific request. This can be edited later in the application.*	*Enter the name of the application request.*	*text; 77 characters*

GETTING STARTED

Below is a preview of the application questions you will find in our online portal. This application has two required parts: An application narrative and additional attachments.

Any answers you provide will be saved as you navigate the application. However, you **MUST** click "Save & Go Next" or "Save and Return to Details" to save a page as complete. When the application and additional attachments are validated and uploaded, you will be able to sign and submit your application.

This document is for preview purposes only. All applications must be submitted through our online platform.

Please click on any of the sections to begin or resume your application. You will receive a confirmation email after you have confirmed the information, signed, and submitted your application.

Section 1: <u>Organization information</u>
Section 2: <u>Contact information</u>
Section 3: <u>Organization and senior leadership composition</u>
Section 4: <u>Population served and geographic location of the work</u>
Section 5: <u>Proposal information</u>
Section 6: <u>Evaluation information</u>

Section 1: Organization information

This section will populate with the information we have on file. Please review and update it as necessary.

Legal name of organization	*Autopopulated*
Is your organization known by other names?	*Open text*
Employer Identification Number	*Numeric*
For returning users, system will autopopulate organization address, website, and phone number.	
Head of organization name	*Open text*
Head of organization title	*Open text*
Head of organization email	*Open text*
Is the above accurate?	*Yes* *No → Update information*

Provide the mission and vision statement(s) of your organization.	*Open text; 400 characters*
Please describe your organization's primary goals, major programs and / or services:	*Open text*
Please enter your organization's current annual budget.	*Numerical*
Type of organization	• *501(c)(3)* • *501(c)(4)* • *Government entity or religious institution (such as a public or religious school)* • *Other (including using a Fiscal Agent)*

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Section 2: Contact information

For returning users, system will autopopulate responses. Name of contact person for the application Contact person title Contact person email Contact person phone Contact person cell phone	
Is the above accurate?	*Yes* *No → Update information*

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Section 3: Organization senior leadership composition

This set of questions asks about the demographics of your organization's senior leadership. Senior leaders are defined by your organization and its structure. Please only count full-time staff members who have self-reported this data.

Total number of senior leaders in the organization	*Enter the number of Senior Leaders*

Number of senior leaders by race/ethnicity.	*Enter the number of Senior Leaders, if none enter "0"*
American Indian or Native American	*Enter the number of Senior Leaders, if none enter "0"*
Asian	*Enter the number of Senior Leaders, if none enter "0"*
Black or African-American	*Enter the number of Senior Leaders, if none enter "0"*
Hispanic or Latinx	*Enter the number of Senior Leaders, if none enter "0"*
Native Hawaiian or Pacific Islander	*Enter the number of Senior Leaders, if none enter "0"*
White. Caucasian/European	*Enter the number of Senior Leaders, if none enter "0"*
More than one race/ethnicity	*Enter the number of Senior Leaders, if none enter "0"*
Identify in another way	*Enter the number of Senior Leaders, if none enter "0"*
Prefer not to answer	*Enter the number of Senior Leaders, if none enter "0"*

Information not available	*Enter the number of Senior Leaders, if none enter "0*

Number of senior leaders by gender.	
Female	*Enter the number of Senior Leaders, if none enter "0"*
Male	*Enter the number of Senior Leaders, if none enter "0"*
Identify in another way	*Enter the number of Senior Leaders, if none enter "0"*
Prefer not to answer	*Enter the number of Senior Leaders, if none enter "0"*
Information not available	*Enter the number of Senior Leaders, if none enter "0*

Number of senior leaders by age.	
40 and younger	*Enter the number of Senior Leaders, if none enter "0"*
41 and older	*Enter the number of Senior Leaders, if none enter "0"*
Prefer not to answer	*Enter the number of Senior Leaders, if none enter "0"*
Information not available	*Enter the number of Senior Leaders, if none enter "0*

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Section 4: Population served and geographic location of the work

This set of questions asks about demographics of the population served. Who will be served by the grant and where will the work take place?

Which race or ethnic populations will be primarily served by this grant? *Please share only self-reported information and select all that apply.*	☐ *African* ☐ *American Indian/Native American* ☐ *Asian* ☐ *Black/African American* ☐ *Hispanic/Latinx* ☐ *Native Hawaiian or Pacific Islander* ☐ *White, Caucasian/European* ☐ *More than one race/ethnicity* ☐ *Prefer not to answer* ☐ *Identify in another way (open ended)* ☐ *Information not available*
What age groups will be served by this grant? *Please only share self-reported information and select all that apply.*	☐ *Younger than 18* ☐ *18-24 years* ☐ *25-34 years* ☐ *34-44 years* ☐ *45-54 years* ☐ *55-64 years* ☐ *65 years and older*

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	☐ *Multi-generational approach* ☐ *Information not available*
Where will the work primarily take place, and where will it have the most impact (geographic locations)?	

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Section 5: Proposed work

The next set of questions asks you to describe the work, whether it is collaborative, and your approach to developing stronger, more vibrant communities.

Title of the Application	*Shows response form when application was initially created by applicant.* *Provides opportunity to update.*
Amount requested	*Numeric – grants range from $10,000 to $30,000*
Is this a request for general operating support or project support? General operating support is defined as support of a nonprofit organization rather than a specific project or program.	*Choose one:* o *Project support* o *General operating support*
What focus area best fits your proposal?	*Choose one:* o *Health* o *Safety* o *Shelter* o *Education* o *Economic Stability* o *Other – please describe*

Please provide a brief description of your proposal.	*Open text; 2,000 characters*
How long do you anticipate the requested amount to last (length of time for funding in months)?	*Numeric*
Describe the opportunity, challenges, issues, or needs you	*Open text; 3,000 characters*

have identified as the focus for this funding request.	
How will you meet the opportunity, challenges, issues, or needs you have identified as the focus for this funding request?	*Open text; 2,000 characters*

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Section 6: Evaluative information

How will you measure the success of the proposed activities? Include quantitative and qualitative measures.	*Open text; 1,500 characters*
How will you know if you are successful in meeting your project goals?	*Open text; 1,500 characters*
What internal and/or external risks exist that could impact the success of this project?	*Text; 2,000 characters*

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Section 7: Attachments

NAME	CURRENT STATUS	MANDATORY?	DESCRIPTION	DATE COMPLETED	ACTIONS	UPLOAD
Project Budget	Not Yet Uploaded	No	Needed only if your organization is applying for project support.		Details	Upload
Organization Budget	Not Yet Uploaded	Yes	Click the Details link to provide a organization budget that outlines income and expense.		Details	Upload
List of board of Directors	Not Yet Uploaded	Yes	Please include positions and titles		Details	Upload
List of Key Staff	Not Yet Uploaded	Yes	Please include positions and titles		Details	Upload
List of Other Funders	Not Yet Uploaded	Yes	List of other funding sources either confirmed or requested that have been identified for this proposal		Details	Upload
Financial Statement	Not Yet Uploaded	No	Statement of financial position (balance sheet) that shows year-to-date actual assets and liabilities. Please also include your most recent certified financial audit (if available) OR a copy of your most recent 990s.		Details	Upload

Review & Submit Application

Please take this opportunity to review your responses. You may choose to use the links to sections or preview your application PDF.

Once you are certain your answers are correct, please confirm and sign below.

Confirmation and Signature

☐ By checking this box, the applicant confirms the submission of this application and certifies all the information is true and accurate

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

Name	*Type name*
Title	*Type Title*

SUBMIT APPLICATION   **PREVIEW PDF**