

**FUND FOR SAFE COMMUNITIES MICRO GRANTS**

**Application Preview – March 2021**

*This document is intended to help prospective applicants prepare to apply for a Fund for Safe Communities micro grant from the Minneapolis Foundation. It offers a preview of what you will see in our online portal when this grant round opens on March 15, 2021.*

**WELCOME!**

Thank you for your interest in applying for a Fund for Safe Communities micro grant from the Minneapolis Foundation. Before you get started, please review the grant guidelines and application process for this funding opportunity, which are shown below.

**Guidelines and What We Will Fund:**

This funding opportunity is designed to support gatherings and activities to address community trauma and promote wellness among youth and adult Minneapolis community members during and after the trial of a former Minneapolis police officer involved in the killing of George Floyd. Here’s a non-exhaustive list of the types of activities we’re interested in supporting:

* Healing spaces that provide a safe place for community members to cope as the trial unfolds.
* Activities that promote wellness and help manage stress and trauma.
* Art, poetry, writing and other creative actions that provide opportunities to process, reflect and consider our path forward as a community.

However, we welcome your ideas and additional input about what’s needed to diffuse anger and pain and promote wellness and healing in our community during this difficult time. We also encourage organizations to consider what they need in order to gather youth and adult community members in ways that support social distancing and safety as we grapple with the COVID-19 pandemic.

**Application Process:**

Applications will be reviewed on a rolling basis, with decisions communicated to applicants within roughly two weeks. The Foundation plans to award a total of up to $250,000, with grants ranging from $2,500 to $5,000 and an average award of approximately $3,000. Applications must be submitted online via the Minneapolis Foundation’s online portal

The typical grant period for this award will be 1 to 3 months. However, we strive to be flexible as the community navigates this spring’s challenging events, including the trial and the pandemic.

**Eligibility:**

Funding will be awarded to 501(c)(3) nonprofits, schools and religious organizations that support youth, adults and families in Minneapolis neighborhoods. We will prioritize proposals that impact areas of Minneapolis that were directly affected by last summer’s social unrest. New applicants and current and past grantees of the Minneapolis Foundation are eligible for this opportunity.

**Further Assistance:**

As you consider applying for this funding opportunity, [Brandon Williams](mailto:bwilliams@mplsfoundation.org) is available to answer questions about the content of your proposal. If you have technical questions about this process, please contact our [Grant](mailto:grantsadministration@mplsfoundation.org)s Administration team at [grantsupport@mplsfoundation.org](mailto:grantsupport@mplsfoundation.org) or 612-672-8665.

|  |  |
| --- | --- |
| Title of the Application  *The title of the application should reflect your specific request.* | *Enter the name of the application request.* |



**GETTING STARTED**

Below is the status of your application for a Fund for Safe Communities micro grant. This application has four sections, listed below. If applicable, you will also be asked to upload a fiscal agent letter.

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 your application, organization budget, and additional documents are validated and uploaded (see table below), you will be able to sign and submit your application.

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 your application, and submitted your application.  
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**Section 1: Organization information  
Section 2: Contact information   
Section 3: Population served and geographic location of the work  
Section 4: Proposed work**

Current Application Status: In Process

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **NAME** | **CURRENT STATUS** | **MANDATORY** | **DUE DATE** | **DESCRIPTION** | **DATE COMPLETED** | **TYPE** | **ACTIONS** | **UPLOAD** |
| Application Narrative |  |  |  |  |  |  | Details |  |
| Fiscal Agent Letter |  | NO |  | Applicable if request is collaboration effort. Include partners and partner role. |  |  | Details | Upload |
| Final Report |  |  |  |  |  |  |  |  |

**Section 1: Organization information**

If you are a returning user and your organization has an existing profile, this section will populate with the information we have on file. Please review and update it as necessary. If you are a new user and this is your first time using the portal, you will be asked to complete the following fields.

|  |  |
| --- | --- |
| Legal name of organization | *Open text* |
| Employer Identification Number | *Numeric* |

|  |  |
| --- | --- |
| ***For returning organization,*** *system will auto populate organization address, website, and phone number* |  |
| Is the above accurate? | *Yes*  *No à Update information* |

|  |  |
| --- | --- |
| ***For new organizations,*** *please complete* |  |
| Organization address | *Open text* |
| Organization website | *Open text* |
| Organization phone number | *Numeric* |

|  |  |
| --- | --- |
| Head of organization name | *Open text* |
| Head of organization title | *Open text* |
| Head of organization email | *Open text* |

|  |  |
| --- | --- |
| Type of organization | * *501(c)(3)* * *501(c)(4)* * *Government entity or religious institution (such as a public or religious school)* * *Other (including those using a fiscal agent)* |
| *For applicants who responded “Other (including those using a fiscal agent)”*  Are you using a fiscal agent? | *Yes*  *No à Skip to Contact information* |
| Fiscal agent name, address, and EIN | *Open text* |



**Section 2: Contact information**

|  |  |
| --- | --- |
| *For returning users, system will auto populate*  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 à Update information* |



**Section 3: 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* * *Multi-generational approach* * *Information not available* |
| Where will the work take place, and where will it have the most impact (geographic locations)?  *Please select all that apply. We will prioritize work that impacts residents of Minneapolis. Please refer to the City of Minneapolis website:* [*https://www.minneapolismn.gov/government/city-council/find-my-ward/*](https://www.minneapolismn.gov/government/city-council/find-my-ward/) | * *Ward 1* * *Ward 2* * *Ward 3* * *Ward 4* * *Ward 5* * *Ward 6* * *Ward 7* * *Ward 8* * *Ward 9* * *Ward 10* * *Ward 11* * *Ward 12* * *Ward 13* * *Other (please specify)* |



**Section 4: Proposed work**

This set of questions asks you to describe your proposed work, including the amount you are requesting.

|  |  |
| --- | --- |
| Title of application | *Auto populate, with option to edit if needed* |
| Amount requested | *Numeric* |
| Please provide an overview or summary of your proposed work.  *Please emphasize how you will create space for healing and safety among youth and adult community members during the upcoming Chauvin trial. Please also briefly describe how you will ensure safety and promote social distancing considering the COVID-19 pandemic.* | *Open text, 3,000 characters* |

|  |  |
| --- | --- |
| Grantees will not be required to submit a final report as part of the agreement. We are interested to learn about the work that happens in community. If you receive a grant, can we contact you to follow up on the outcome of your work? | *Yes No* |
| Is there anything else you would like us to know as we consider this request? | *Open text, 3,000 characters* |



**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* |



**THANK YOU!**

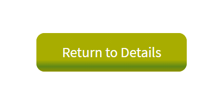
**Your Fund for Safe Communities grant application has been submitted.**

Thank you for submitting your application. Your application number is *[Application ID auto populated]*. You should also receive a confirmation email.

If we have any follow-up questions, you will be contacted by a Foundation staff member. All applicants will be notified of funding decisions on a rolling basis.

Please direct any technical questions about the application process to Grants Administration at 612-672-8665 or grantsupport@mplsfoundation.org.

If you have questions about your project proposal, please contact Brandon Williams at bwilliams@mplsfoundation.org.

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