

**WEST BANK COMMUNITY FUND GRANT**

**Application Preview – 2021**

*This document is intended to help prospective applicants prepare to apply for a West Bank Community Fund grant from the Minneapolis Foundation. It offers a preview of what you will see in our online portal when this grant round opens on May 13, 2021.*

**WELCOME!**

Thank you for your interest in applying for a grant from the West Bank Community Fund of the Minneapolis Foundation. Before reviewing the questions and prompts on the following pages, please be sure you have reviewed the grant guidelines for this funding opportunity.

Approximately $25,000 is available to grant. Grants are expected to be short-term in nature. Applications must be submitted by the deadline of **4 p.m. on** **June 10, 2021**.

As you consider applying for this funding opportunity, Jo-Anne Stately is available to answer questions about the content of your proposal. If you have technical questions, please contact our Grant Administration team at 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 grant from the West Bank Community Fund. This application has four sections, as listed below. A project or organizational budget is required. You will be asked to upload a fiscal agent letter and collaboration list, if applicable.

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 you have uploaded your application, organization budget, and additional documents (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, and submitted your application.

**Section 1: Organization information**
**Section 2: Contact information**
**Section 3: Population served and geographic location of the work**
**Section 4: Proposed work**

**Section 5: Proposed work (continued)**

**Section 6: Implementation and evaluation**

Current Application Status: In Process

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **NAME** | **CURRENT STATUS** | **MANDATORY** | **DUE DATE** | **DESCRIPTION** | **DATE COMPLETED** | **TYPE** | **ACTIONS** | **UPLOAD** |
| Project or Operating Budget |  | YES | 6/10/2021 |  |  |  | Details | Upload |
| Fiscal Agent Letter |  | IF APPLICABLE | 6/10/2021 |  |  |  | Details | Upload |
| Collaboration List |  | IF APPLICABLE | 6/10/2021 |  |  |  | Details | Upload |

**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* |

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

|  |  |
| --- | --- |
| ***For returning organization,*** *system will autopopulate 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* |

|  |  |
| --- | --- |
| 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)*
 |
| *For applicants who responded “Other (including 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 autopopulate*Name of contact person for the applicationContact person titleContact person emailContact person phoneContact person cell phone  |  |
| Is the above accurate? | *Yes**No à Update information* |



**Section 3: Organization mission and population served**

This set of questions asks about your organization’s mission and the demographics of the population you serve. Who will be served by the grant?

|  |  |
| --- | --- |
| Please provide a brief description of your mission and the programs you provide. | *Open text. 3,000 characters* |
| 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 primarily 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*
 |
| How many people will be served by this grant? | *Numeric* |
| What other characteristics would you like to share about the population that is primarily served? | *Open ended* |



**Section 4: Proposed work**

|  |  |
| --- | --- |
| Amount requested*Collaborative grant proposals may request up to $5,000. Individual projects may request up to $3,500.* | * *Numeric*
 |
| Is this request a collaborative effort?*If yes, please submit a list of partners and roles using the template available on the main Details Page* | * *Yes*
* *No*
 |

**The next set of questions asks about the proposed work and its alignment with the fund purpose.**

The West Bank Community Fund was established to:

* Recognize the diverse cultures of residents and improve social connections across cultures and generations.
* Encourage residents to engage in community-based and policy issues that are important to them.

|  |  |
| --- | --- |
| How does the proposed work incorporate one or more of the above elements? | *Open text, 3,000 characters* |

**The next set of questions asks about the proposed work and its alignment with the grant guidelines of the West Bank Community Fund.**

|  |  |
| --- | --- |
| Which of the following grant guidelines aligns most with the proposed work? *Select one option* | * *Bridge barriers between West Bank residents, particularly those that close gaps in access to public services and support*
* *Empower African youth and their families, and immigrant elders*
* *Build on community assets and expand opportunities for West Bank residents to fully participate in the arts, culture, businesses, and overall society*
 |
| Please describe your organization or project goals, as they relate to the grant guidelines. | *Open text, 3,000 characters* |

**The final set of questions asks about the implementation and evaluation of the request.**

|  |  |
| --- | --- |
| Please describe your implementation plan or milestones and timeline. | *Open text, 3,000 characters* |
| Please describe how you plan to evaluate your work.  | *Open text, 3,000 characters* |
| Grantees will not be required to submit a final report. However, we are interested in learning 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? | *YesNo* |

|  |  |
| --- | --- |
| 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 of 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* |



You’ve completed the narrative portion of your application. Please ensure you have uploaded the required documents.

