Minneapolis Public Safety Transformation Fund

Call for Ideas - September 2021

**Application Preview Worksheet**

*This document is intended to help prospective grant applicants prepare a Call for Ideas from the Minneapolis Public Safety Transformation Fund. It offers a preview of what you will see in our online application portal.*

|  |  |
| --- | --- |
| Title of the Proposal*The title should reflect your specific request.* | *Open text, 77 characters* |

# GETTING STARTED

Below is the status of your Call for Ideas (CFI) proposal for the Minneapolis Public Safety Transformation Fund. You may click any link to continue, but all sections must be completed before you can submit your application.

While our application autosaves your work every 3 minutes, please ensure that youclick "Save & Go Next" or "Save & Return to Details" to save a page as complete. When every section displays a green checkmark and all required documents are uploaded (see table below), you will be able to Sign & Submit your CFI.

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

**Section 1: Organization Information**
**Section 2: Proposal Contact Information**
**Section 3: Proposal Information**

# 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 | *Auto populated* |
| Employer Identification Number | *Auto populated* |
| Organization address | *Auto populated* |
| Organization website | *Auto populated* |
| Organization phone number | *Auto populated* |

|  |  |
| --- | --- |
| Is the above accurate? | *Yes**No -> Update information* |

|  |  |
| --- | --- |
| Head of organization name | *Auto populated* |
| Head of organization title | *Auto populated* |
| Head of organization email | *Auto populated* |
| Head of organization phone | *Auto populated* |

|  |  |
| --- | --- |
| 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? If so, please include their contact information and be prepared to provide a fiscal agent letter upon application. | *Yes**No -> Skip to Contact information* |
| Legal name of Fiscal Agent | *Open text* |
| Fiscal agent Employer Identification Number | *Numeric* |
| Fiscal agent contact name | *Open text* |
| Fiscal agent contact email | *Open text* |



# Section 2: Proposal Contact Information

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

|  |  |
| --- | --- |
| Name of contact person for this application | *Auto populated* |
| Contact person title | *Auto populated* |
| Contact person email | *Auto populated* |
| Contact person phone | *Auto populated* |

|  |  |
| --- | --- |
| Is the above accurate? | *Yes**No -> Update information* |



# Section 3: Proposal Information

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

|  |  |  |
| --- | --- | --- |
| 1 | Title of application | *Auto populate, with option to edit if needed* |
| 2 | Mission of organization | *Open text, 250 characters* |
| 3 | Dollar amount requested | *Numeric* |
| 4 | Grant period start date | *Date* |
| 5 | Grant period end date | *Date* |
| 6 | Will you be sharing your proposal narrative via video or text? | *Choose one:** *I choose to record my responses to the proposal questions and provide a link to the video à 7 only*
* *I would like to submit answers about the proposal by responding to the questions with this online form* à *8, 9*
 |
| 7 | Please use this space to copy and paste the link to your video. | *Open text, 5000 characters* |
| 8 | Please describe your idea for creating a safer community. No matter how big or small, we want to know how you envision a safe and thriving community. Ideas can be new initiatives or proven strategies that are ready to scale. | *Open text; 2,500 characters*  |
| 9 | Please provide any additional information around who is behind this idea and what you would need to implement your idea. | *Open text; 2,500 characters* |



# 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 CFI and certifies that all the information is true and accurate. If your CFI is accepted, we will invite you to submit a full application.

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.

|  |  |  |
| --- | --- | --- |
| Name | *Type name* | MAQ\_Authorization\_Name |
| Title | *Type Title* | MAQ\_Authorization\_Title |