

**WCA Foundation Fall 2021**

*This grant round opens on Monday, September 13, 2021.*

**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 **Monday**, **November 1, 2021 at 1 p.m**.

As you consider applying for this funding opportunity, Susan Carter is available to answer questions about the content of your proposal. If you have technical questions about this process, please contact Grant Administration or call 612-672-8665.

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| --- | --- | --- |
|  |  | **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 the status of your application for a WCA Foundation grant. This application has two required parts: An application narrative and an organization budget. If applicable, you will also be asked to upload a fiscal agent letter, a project budget, and a collaboration list.

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, 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, and submitted your application.

**Section 1: Organization information
Section 2: Contact information
Section 3: Organization and senior leadership composition
Section 4: Population served and geographic location of the work
Section 5: Proposed work**

Current Application Status: In Process

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **NAME** | **CURRENT STATUS** | **MANDATORY** | **DUE DATE** | **DESCRIPTION** | **DATE COMPLETED** | **TYPE** | **ACTIONS** | **UPLOAD** |
| Organization Budget |  | YES |  | Organization’s current annual budget |  | Financial Statement Required | Details | Upload |
| Project Budget |  | NO |  | Applicable if supporting a project. Include project and committed funding. |  | Financial Statement Required | Details | Upload |
| Collaboration List |  | NO |  | Applicable if request is collaboration effort. Include partners and partner role. |  | Supporting Documents | Details | Upload |
| Final Report |  |  |  | Please select Details and then complete each report section. |  | Follow-up Question Application Questions | Details |  |
| Grantee Expenditures |  |  |  |  |  | Financial Statement Required | Details | Upload |

**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* |
| *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 à Update information* |

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| --- | --- |
| 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)*
 |
| *For applicants who responded “Other (including using a Fiscal Agent)”*Are you using a fiscal agent? | *Yes**No à Section complete* |
| 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 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.

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| --- | --- |
| 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* |

|  |  |
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| 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* |



**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?

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| --- | --- |
| 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*
 |



**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*This is the Application Title used when beginning the Application*  | *shows response form when application was initially created by applicant.**Provides opportunity to update* |
| Amount requested | *Numeric* |
| Is this a request for general operating support or project support? | *Choose one:** *Project support*
* *General operating support*
 |



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| --- | --- |
| 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 have identified as the focus for this funding request. | *Open text; 3,000 characters* |
| How will you meet the agenda described above? | *Open text; 2,000 characters* |



**Section 6: Evaluative Information**



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| --- | --- |
| How will the proposed activities be measured for success? 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; 1,400 characters* |
| What internal and/or external risk exist that could impact the success of this project? | *Text; 2,000 characters* |





**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 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* |

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**THANK YOU PAGE** [and confirmation email]

Thank you for submitting your application to the WCA Foundation Fall 2021. Your application ID is [application Id].

Please contact Susan Carter with any questions regarding the content of this application or the timeline for the RFP.

An email confirming your submission is en route. [sub: This is email confirms your submission as of the time of receipt.] Please reach out to the grantsupport@mplsfoundation.org if you encountered any technical difficulties.

- Thank you! The Minneapolis Foundation Team