

**OneMPLS Capacity Building Grants**

**Application Preview – October 2021**

*This document is intended to help prospective applicants prepare to apply for a OneMPLS Capacity Building Grant from the Minneapolis Foundation. It offers a preview of what you will see in our online portal when this grant round opens on November 1, 2021.*

**WELCOME!**

Thank you for your interest in applying for a OneMPLS Capacity Building 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.

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

**GETTING STARTED**

This application has six sections, as 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 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: About your organization**
**Section 4: Proposed work**

**Section 5: Organization senior leadership composition**

**Section 6: Confirmation and signature**

Current Application Status: In Process

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **NAME**   | **CURRENT STATUS**   | **MANDATORY**   | **DUE DATE**   | **DESCRIPTION**   | **DATE COMPLETED**   | **TYPE**   | **ACTIONS**   | **UPLOAD**   |
| Organization Budget   |    | YES   | 11/22/21  | Organization’s current annual budget   |    |    | Details   | Upload   |
| List of board members  |    | YES  | 11/22/21  | Include positions, affiliations, and self-reported demographic information (e.g. race, gender).  |    |    | Details   | Upload   |
| Project Budget   |    | NO   | 11/22/21  | Mandatory if supporting a project. Include project and committed funding.   |    |    | Details   | Upload   |
| Fiscal Agent Letter   |    | NO   | 11/22/21  | Mandatory if your organization is using a fiscal sponsor.   |    |    | 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*  |

|  |  |
| --- | --- |
| ***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 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 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: About your organization**

This section asks questions about your organization, its impact on residents of Minneapolis and inner-ring suburbs, and any internal/organizational changes your organization is experiencing that affect its capacity to fulfill its mission and serve the community.

|  |  |
| --- | --- |
| Please provide an overview of your organization’s mission, key programs, and the demographics of those it primarily serves.  | *Open text (character limit: 2,500 including spaces)*  |
| Please describe how the work of your organization impacts residents of Minneapolis and/or the inner-ring suburbs of Hennepin County.  | *Open text (character limit: 2,500 including spaces)*  |
| Organization Budget *Please enter your organization’s annual operating budget for the current fiscal year.*  | *Numeric*  |
| Has your organization undergone any significant changes at the leadership, organization, program, or governance/board level during that pandemic that affect its capacity to fulfill its mission and serve the community?  | *No* *Yes*  |
| If yes, please describe those challenges.  | *Open text (character limit: 5,000 including spaces)*  |



**Section 4: Proposed work**

This set of questions asks applicants to specify the amount requested and to describe their proposed Capacity Building work.

|  |  |
| --- | --- |
| Title of application  | *Prepopulates from previous section.*  |
| Dollar amount requested  | *Numeric*  |
| Please provide a summary of your request. *Please provide a one paragraph summary of your Capacity Building request.*  | *Open text, 300 characters*  |
| Project budget *If applicable, please enter the project budget for your Capacity Building request.*  | *Numeric*  |

|  |  |
| --- | --- |
| Please select a category for this request:  | *Select 1 of 4 options:* * *Staff and Administrative Capacity*
* *Technology Resources*
* *Staff Wellness Resources and Incentives*
* *Planning and Visioning Resources*

  |
| What specific Capacity Building need(s) does this proposal address? How will it help strengthen your organization during and/or beyond the pandemic? If applicable, please describe any specific outcome(s) you hope to realize during the grant period.   | *Open text (character limit: 5,000 including spaces)*  |
| Please describe your plan for using this grant if awarded. *Provide a summary of any key activities, a timeline for implementation, and who will be responsible for the Capacity Building work.*  | *Open text (character limit: 5,000 including spaces)*  |
| How will this strengthened capacity help your organization achieve its mission and advance equity in Minneapolis and/or inner-ring suburbs?   | *Open text (character limit: 2,500 including spaces)*  |
| What do you hope to learn as a result of this work? How might you use and share what you learn with internal and/or external stakeholders (i.e., staff, board, clients, your field, community, etc.)?    | *Open text (character limit: 2,500 including spaces)*  |
| Is there anything else you would like us to know as we consider this proposal?  | *Open text (character limit: 2,500 including spaces)*  |



**Section 5: Organization senior leadership composition**

 The Minneapolis Foundation is committed to serving organizations that reflect the diversity of the local community they serve. 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*   |



**Section 6: Confirmation and Signature**

* By checking this box, the applicant confirms the submission of this application and certifies that 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*  |

****

**THANK YOU!**

**Your OneMPLS Capacity Building 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 by January 10, 2022.

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 Patrice Relerford (prelerford@mplsfoundation.org) or Jo-Anne Stately (jstately@mplsfoundation.org).