

Grant Application Questions

Organizational Information

Required fields are denoted by an asterisk (*)

- Application / Project Name*
- Organization's Legal Name*
- Organization Doing Business as Name (if different than legal name)
- Org. Employer Identification Number*
- Organization Address*
- Organization Main Phone Number*
- Organization Website*
- What is your organization's mission statement?
- Indicate what percentage of your organization's services benefit the East Metro, West Metro, Greater Minnesota and other locations. (*Table format – percentages must add to 100%*)*
- Please describe the work of your organization, including a list of current project/ program areas*
- Number of organization full-time paid staff*
- Number of organization part-time paid staff*
- Number of organization volunteers*
- List other types of assistance (e.g., Vistas, Interns, AmeriCorps consultants, etc.)
- Organization's current year Budget (*Budget must also be uploaded in Section 5 Required Documents*)*
- Executive Director Name*
- Executive Director Title*
- Executive Director Email*
- Executive Director Phone*
- If applying with a fiscal sponsor, please provide the organizational information for the fiscal sponsor* (only applies to Saint Paul & Minnesota and F. R. Bigelow applicants)

Racial Demographics Data for Organization

Required fields are denoted by an asterisk (*)

- Who does your organization directly serve? (*Choose one: Individuals and/or families or other organizations*) *
- If individuals and/or families, do people of color represent a majority of the population served by your organization (through all its projects/programs, initiatives, services, etc.)?*
- If other organizations, do people of color represent a majority of people served by those organizations/entities?
- What is the primary racial/ethnic group served by your organization? (Select one)*
 - American Indian/Native Alaskan
 - Asian
 - Black/ African American
 - Latino/Hispanic
 - Native American/ Pacific Islander
 - Two or more races/Other
 - White
 - General Population/ No Specific Racial or Ethnic Group
- How many people total serve on your board of directors or equivalent governing body?*
- Of these, how many identify as Black, Indigenous or people of color?*
- How many people serve in your organization's senior level management (including executive director or equivalent position)?*
- Of these, how many identify as Black, Indigenous or people of color?*

Grant Request Details

Required fields are denoted by an asterisk (*)

- Purpose of Grant (*Choose one*)*
 - General Operating
 - Capital
 - Program/Project

PLEASE NOTE: To be eligible for general operating support, at least 50% of the organization's overall programs and services must benefit East Metro residents. If applying for Mardag, at least 50% of the organization's overall programs and services must benefit East Metro and/or Greater Minnesota residents.

- Proposed Grant Start Date*
- Proposed Grant End Date*
- Amount Requested*
- Applicant Contact Name (if different than Executive Director)*
- Applicant Contact Title
- Applicant Contact Email
- Applicant Contact Phone
- Do you have an active grant with the Foundation? (*Choose one: Yes or No*)
- If yes, then include an update that addresses the extent to which you have achieved proposed grant objectives for the active grant*
- Select one priority area from the list below that best describes the focus of your grant request

(if applying for Saint Paul & Minnesota Foundation)

- Community Connectedness
- Economic Opportunity and Security
- Education
- Health
- Housing & Transportation
- Human Services and Family Support

(if applying for Mardag Foundation)

- Improving the lives of low-income Children, Youth and Families that lack access to critical opportunities and resources that they need

- Supporting older adults across Minnesota who lack access or have barriers to critical opportunities to thrive and create community connections
- Building capacity to improve community vitality through Arts and Culture

(if applying for F. R. Bigelow Foundation)

- Arts & Culture
- Community & Economic Development
- Education & Youth Development
- Health
- Housing
- Human Services

Grant Narrative Questions – GEN OPS

Required fields are denoted by an asterisk (*)

- **BROADER ENVIRONMENT:** Our goal is to understand how your organization's work contributes to broader efforts to achieve equity in the community. Please describe the broader environment or context in which your organization is doing its work. What specific opportunities, challenges, issues, or needs is your organization navigating as it attempts to do its most impactful work?*
- **INFORM/FORM/BENEFIT:** The Foundation believes that our community should not only benefit from your work, but directly inform and form it as well. Who are the people most impacted by your work, and how do they inform or help form its design and implementation?*
- **OPTIONAL ADDITIONAL INFORMATION:** Is there anything we did not explicitly ask about that you would like to share? (Optional)

Required Documents – GEN OPS

Required fields are denoted by an asterisk (*)

*The system supports the following uploaded document types that are under 8MB -
.doc, .docx, .xlsx, .txt, .html, .pdf, .png, .jpg*

- Current Year Operating Budget*
- Program/Project or Capital Budget
- Year End Income and Expense Budget*
- Year End Balance Sheet*
- Current Board Member List*
- Fiscal Sponsorship Agreement**
- Fiscal Sponsorship Operating Budget**
- Fiscal Sponsor Income and Expense Sheet**
- Fiscal Sponsor Balance Sheet**
- Fiscal Sponsor Board Member List**
- Additional Information (Optional)

Required only for Saint Paul & Minnesota and/or F. R. Bigelow applicants, and if organization is not a 501(c)3 AND has a fiscal sponsor are denoted by (**)

Grant Narrative Questions – CAPITAL OR PROJECT

Required fields are denoted by an asterisk (*)

- BROADER ENVIRONMENT: Our goal is to understand how your organization's work contributes to broader efforts to achieve equity in the community. Please describe the broader environment or context in which your organization is doing its work. What specific opportunities, challenges, issues, or needs is your organization navigating as it attempts to do its most impactful work?*

- PROJECT/PROGRAM DESCRIPTION: Please describe the project or program this grant will support, including how it responds to the broader environment or context discussed above and the overall impact you expect to see as a result.*
- INFORM/FORM/BENEFIT: The Foundation believes that our community should not only benefit from your work, but directly inform and form it as well. Who are the people most impacted by your work, and how do they inform or help form its design and implementation?*
- COMMUNITY SERVED: Please tell us about the scale of the project (e.g. how many people do you hope will benefit)?
- Who will be directly served by the proposed grant? Individuals and/or families or other organizations/entities? (*Choose one*)*
- If Individuals, what is the primary racial/ethnic group served by the proposed grant?
 - American Indian/Native Alaskan
 - Asian
 - Black/ African American
 - Latino/Hispanic
 - Native American/ Pacific Islander
 - Two or more races/Other
 - White
 - General Population/ No Specific Racial or Ethnic Group
- If other organizations, what is the primary racial/ethnic group served by the proposed grant?
 - American Indian/Native Alaskan
 - Asian
 - Black/African American
 - Latino/Hispanic
 - Native American/ Pacific Islander
 - Two or more races/Other
 - White
 - General Population/No Specific Racial or Ethnic Group
- How many staff members will lead the program for which you are currently requesting funding?*

- Of these, how many identify as Black, Indigenous, or people of color?*
- OPTIONAL ADDITIONAL INFORMATION: Is there anything we did not explicitly ask about that you would like to share? (Optional)

Required Documents – CAPITAL OR PROJECT

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- Current Year Operating Budget*
- Program/Project or Capital Budget* *(Please include a list of secured and pending support for any capital project)*
- Year End Income and Expense Budget*
- Year End Balance Sheet*
- Current Board Member List*
- Fiscal Sponsorship Agreement**
- Fiscal Sponsorship Operating Budget**
- Fiscal Sponsor Income and Expense Sheet**
- Fiscal Sponsor Balance Sheet**
- Fiscal Sponsor Board Member List**
- Additional Information (Optional)

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