

# MVMF Grant Application Form

(Grant requests over \$5,000)

## STRATEGIES FOR SUCCESSFUL GRANTSEEKING

1. **Do your research** to determine whether the foundations' and corporations' goals and objectives for grantmaking are consistent with your type of grant request.
2. Include a cover letter with each proposal that introduces yourself and your organization and your proposal, and makes a strategic link between your proposal and the funder's mission and grantmaking interests.
3. Type and single-space all proposals.
4. Answer all the questions as best as you can, recognizing that some grant application questions may not apply to your grant request.
5. Maintain a copy of your grant request for your records.
6. Do not include any materials other than those specifically requested at this time.
7. Email ([info@mvmfcares.org](mailto:info@mvmfcares.org)) or send to (MVMF, 101 Bridgepoint Way, Ste. 100, St. Paul, MN 55075) your grant cover letter and application. Due Date is March 31, 2018.

## RESOURCES

- Call, write or check the Website of the MVMF ([mvmfcares.org](http://mvmfcares.org)) and other grant makers (for a list of Minnesota grantmaker sites, visit MCF's Web site at [www.mcf.org](http://www.mcf.org); select "Links of Interest").
- Use MCF's *Guide to Minnesota Grantmakers* and other directories listing foundations' interests and processes.
- Visit a Foundation Center Collection Library in Minneapolis, St. Paul, Fargo, Duluth, Rochester or Marshall-SW State.

# MVMF Grant Application Form

## Grant Application Cover Sheet (Grants over \$5,000)

You may reproduce this form on your computer

Date of application: \_\_\_\_\_ Application submitted to: \_\_\_\_\_

### Grantee/Organization Information

Name of grantee/organization \_\_\_\_\_ Legal name, if different \_\_\_\_\_

Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_ Employer Identification Number (EIN) or SSN \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ Web site \_\_\_\_\_

Name of top paid staff \_\_\_\_\_ Title \_\_\_\_\_ Phone \_\_\_\_\_ E-mail \_\_\_\_\_

Name of contact person regarding this application \_\_\_\_\_ Title \_\_\_\_\_ Phone \_\_\_\_\_ E-mail \_\_\_\_\_

Is your organization an IRS 501(c)(3) not-for-profit? \_\_\_\_\_ Yes \_\_\_\_\_ No

If no, is your organization a public agency/unit of government? \_\_\_\_\_ Yes \_\_\_\_\_ No

If no, check with funder for details on using fiscal agents, and list name and address of fiscal agent:

\_\_\_\_\_  
\_\_\_\_\_ Fiscal agent's EIN number \_\_\_\_\_

### Proposal Information

Please give a 2-3 sentence summary of request:

Population served:

Geographic area served:

Funds are being requested for **(check one)** Note: Please be sure MVMF provides the type of support you are requesting.

\_\_\_\_\_ General operating support \_\_\_\_\_ Start-up costs \_\_\_\_\_ Capital  
\_\_\_\_\_ Project/program support \_\_\_\_\_ Technical assistance \_\_\_\_\_ Other (list) \_\_\_\_\_

Project dates (if applicable): \_\_\_\_\_ Fiscal year end: \_\_\_\_\_

### Budget

Dollar amount requested: \$ \_\_\_\_\_

Total annual organization budget: \$ \_\_\_\_\_

Total project budget (for support other than general operating): \$ \_\_\_\_\_

### Authorization

Name and title of top paid staff or board chair: \_\_\_\_\_

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## PROPOSAL NARRATIVE

Please use the following outline as a guide to your proposal narrative. No more than five pages, excluding attachments. Also, include a cover letter with your application that introduces your organization and proposal and makes the link between your proposal and the mission of the grantmaker to whom you are applying. For assistance with terms, refer to MCF's Web site ([www.mcf.org](http://www.mcf.org); select "Grantseeking in Minnesota").

### **I. GRANTEE/ORGANIZATION INFORMATION**

- A. Brief summary of organization history, including the date your organization was established.
- B. Brief summary of organization mission and goals.
- C. Brief description of organization's current programs or activities, including any service statistics and strengths or accomplishments. Please highlight new or different activities, if any, for your organization.
- D. Your organization's relationship with other organizations working with similar missions. What is your organization's role relative to these organizations?
- E. Number of board members, full-time paid staff, part-time paid staff and volunteers.
- F. Additional organization information required by each individual funder.

### **II. PURPOSE OF GRANT**

*General operating proposals:* Complete Section A below and move to Part III - Evaluation.

*All other proposal types:* Complete Section B below and move to Part III - Evaluation.

#### **A. General Operating Proposals**

1. The opportunity, challenges, issues or need currently facing your organization.
2. Overall goal(s) of the organization for the funding period.
3. Objectives or ways in which you will meet the goal(s).
4. Activities and who will carry out these activities.
5. Time frame in which this will take place.
6. Long-term funding strategies.
7. Additional information regarding general operating proposals required by each individual funder.

#### **B. All Other Proposal Types**

1. Situation
  - a. The opportunity, challenges, issues or need and the community that your proposal addresses.
  - b. How that focus was determined and who was involved in that decision-making process.
2. Activities
  - a. Overall goal(s) regarding the situation described above.
  - b. Objectives or ways in which you will meet the goal(s).
  - c. Specific activities for which you seek funding.
  - d. Who will carry out those activities?
  - e. Time frame in which this will take place.
  - f. How the proposed activities will benefit the community in which they will occur, being as clear as you can about the impact you expect to have.
  - g. Long-term funding strategies (if applicable) for sustaining this effort.

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- A. Please describe your criteria for success. What do you want to happen as a result of your activities? You may find it helpful to describe both immediate and long-term effects.
- B. How will you measure these changes?
- C. Who will be involved in evaluating this work (staff, board, constituents, community, consultants)?
- D. What will you do with your evaluation results?

## ATTACHMENTS

Generally the following attachments are required:

1. Finances (*for assistance with terms, check MCF's Web site at [www.mcf.org](http://www.mcf.org).*)
  - Most recent financial statement from most recently completed year, audited if available, showing actual expenses. This information should include a balance sheet, a statement of activities (or statement of income and expenses) and functional expenses. Some funders require your most recent Form 990 tax return.
  - Organization budget for current year, including income and expenses.
  - Project Budget, including income and expenses (if not a general operating proposal).
  - Additional funders. List names of corporations and foundations from which you are requesting funds, with dollar amounts, indicating which sources are committed or pending.
2. List of board members and their affiliations.
3. Brief description of key staff, including qualifications relevant to the specific request.
4. A copy of your current IRS determination letter (or your fiscal agent's) indicating tax-exempt 501(c)(3) status.
5. If applying to a corporate funder only: if an employee of this corporation is involved with your organization, list names and involvement.

***Be sure to check each funder's guidelines, and use discretion when sending additional attachments.***

## PROPOSAL CHECKLIST

- |  |   |
|--|---|
| <input type="checkbox"/> Cover letter.   | <input type="checkbox"/> Brief description of key staff.                            |
| <input type="checkbox"/> Cover sheet.  | <input type="checkbox"/> IRS determination letter.                                  |
| <input type="checkbox"/> Proposal narrative.   | <input type="checkbox"/> Confirmation letter of fiscal agent (if required).         |
| <input type="checkbox"/> Organization budget.  | <input type="checkbox"/> Additional information required by each individual funder. |
| <input type="checkbox"/> Project budget (if not general operating grant).  |   |
| <input type="checkbox"/> Financial statements, preferably audited, showing actual expenses including: <ul style="list-style-type: none"><li><input type="checkbox"/> Balance sheet.</li><li><input type="checkbox"/> Statement of activities (income and expenses).</li><li><input type="checkbox"/> Statement of functional expenses.</li></ul> |   |
| <input type="checkbox"/> List of additional funders.   |   |
| <input type="checkbox"/> List of board members and their affiliations.   |   |

# MVMF Grant Application Form

## ORGANIZATION BUDGET

This format is optional and can serve as a guide to budgeting. If you already prepare an organization budget that contains this information, please feel free to submit it in its original form. Feel free to attach a budget narrative explaining your numbers if necessary.

### INCOME

<u>Source</u>	<u>Amount</u>
<i>Support</i>	
Government grants _____	\$ _____
Foundations _____	\$ _____
Corporations _____	\$ _____
United Way or other federated campaigns _____	\$ _____
Individual contributions _____	\$ _____
Fundraising events and products _____	\$ _____
Membership income _____	\$ _____
In-kind support _____	\$ _____
Investment income _____	\$ _____
 <i>Revenue</i>	
Government contracts _____	\$ _____
Earned income _____	\$ _____
Other (specify) _____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
<b>Total Income</b>	<b>\$ _____</b>

### EXPENSES

<u>Item</u>	<u>Amount</u>
Salaries and wages _____	\$ _____
Insurance, benefits and other related taxes _____	\$ _____
Consultants and professional fees _____	\$ _____
Travel _____	\$ _____
Equipment _____	\$ _____
Supplies _____	\$ _____
Printing and copying _____	\$ _____
Telephone and fax _____	\$ _____
Postage and delivery _____	\$ _____
Rent and utilities _____	\$ _____
In-kind expenses _____	\$ _____
Depreciation _____	\$ _____
Other (specify) _____	\$ _____
_____	\$ _____
_____	\$ _____
<b>Total Expense</b>	<b>\$ _____</b>
<b>Difference (Income less Expense)</b>	<b>\$ _____</b>

# MVMF Grant Application Form

## PROJECT BUDGET

This format is optional and can serve as a guide to budgeting. If you already prepare project budgets that contain this information, please feel free to submit them in their original forms. Feel free to attach a budget narrative explaining your numbers if necessary.

### INCOME

<u>Source</u>	<u>Amount</u>
<i>Support</i>	
Government grants	\$
Foundations	\$
Corporations	\$
United Way or other federated campaigns	\$
Individual contributions	\$
Fundraising events and products	\$
Membership income	\$
In-kind support	\$
Investment income	\$
 <i>Revenue</i>	
Government contracts	\$
Earned income	\$
Other (specify)	\$
_____	\$
 <b>Total Income</b>	 <b>\$</b>

### EXPENSES

<u>Item</u>	<u>Amount</u>	<u>%FT/PT</u>
Salaries and wages (breakdown by individual position and indicate full- or part-time.)	\$	
_____	\$	
_____	\$	
_____	\$	
_____	\$	
<b>SUBTOTAL</b>	<b>\$</b>	
Insurance, benefits and other related taxes	\$	
Consultants and professional fees	\$	
Travel	\$	
Equipment	\$	
Supplies	\$	
Printing and copying	\$	
Telephone and fax	\$	
Postage and delivery	\$	
Rent and utilities	\$	
In-kind expenses	\$	
Depreciation	\$	
Other (specify)	\$	
_____	\$	
<b>Total Expense</b>	<b>\$</b>	
<b>Difference (Income less Expense)</b>	<b>\$</b>	