

Minnesota Veterinary Medical Foundation Grant Form

(Grant requests of more than \$5,000) **DEADLINE: MARCH 31**

STRATEGIES FOR SUCCESSFUL GRANTSEEKING

1. Do your research to determine whether Minnesota Veterinary Medical Foundation (MVMF)'s goals and objectives for grantmaking are consistent with your type of grant request.
2. Utilize Proposal Checklist on page 3 and include all required information in your application.
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) or send to (MVMF, 101 Bridgepoint Way, Ste. 100, St. Paul, MN 55075) your grant cover letter and application. Due date is March 31.

RESOURCES

- Call or email the MVMF with any questions about the grant application and award process.
- For information on grant seeking, visit the Minnesota Council of Foundation's webpage for Nonprofit Resources <https://mcf.org/nonprofit-resources>.
- Visit a Foundation Center Collection Library (visit www.grantspace.org/Find-Us for locations).

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Grant Application Cover Sheet (for grant requests over \$5,000)

Date of application: _____

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:

Minnesota area served:

Benefit to MN veterinarians/veterinary medicine:

Funds are being requested for **(check one)**

_____ 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 MVMF's mission. For assistance with terms, refer to MCF's Web site (www.mcf.org; select "Nonprofits," then "Grantseeking Resources").

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.

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.

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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III. EVALUATION

- 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

1. Finances (*for assistance with terms, check MCF's website at www.mcf.org/nonprofits/resources.)*)

- 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.
- 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.

PROPOSAL CHECKLIST

- Cover letter.
- Cover sheet (page 1).
- Proposal narrative.
- Organization budget.
- Project budget (if not general operating grant).
- Financial statements, preferably audited, showing actual expenses including:
 - Balance sheet.
 - Statement of activities (income and expenses).
 - Statement of functional expenses.
- List of additional funders.
- List of board members and their affiliations.
- Brief description of key staff.
- IRS determination letter.
- Confirmation letter of fiscal agent (if applicable).

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OPTIONAL RESOURCE DOCUMENT - 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)	\$
	\$
	\$
	\$
Total Income	\$

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)	\$
	\$
	\$
Total Expense	\$
Difference (Income less Expense)	\$

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OPTIONAL RESOURCE DOCUMENT - 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	\$
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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)	\$
	\$
 Total Income	 \$

EXPENSES

<u>Item</u>	<u>Amount</u>	<u>%FT/PT</u>
Salaries and wages (breakdown by individual position and indicate full- or part-time.)	\$	
	\$	
	\$	
	\$	
	\$	
SUBTOTAL	\$	
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)	\$	
	\$	
Total Expense	\$	
Difference (Income less Expense)	\$	