



The following questions and list of required materials appear on the Management Improvement Fund grant application for the Saint Paul & Minnesota Foundation. Our hope is that sharing specific application questions and requirement materials in advance will give you more time to compose an application that you feel best represents your important work. Our general focus areas remain unchanged, and you will note that we made more application questions optional. This is an acknowledgment that your time and effort are valuable.

Management Improvement Fund

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)
- Year Established*
- Org. Employer Identification Number
- Organization Address*
- Organization Main Phone number*
- Organization Website
- What is your organization's mission statement? (300 characters max)*
- Indicate what percentage of your organization's services benefit the East Metro, West Metro, Greater Minnesota and other locations (*Table format – percentage must add to 100%*)*
- Describe the work of your organization including list of current project/ program areas (*2,000 characters max*)*
- 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*



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 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
- Provide the percentage breakdown of the primary racial/ethnic groups served by your organization (ex. 15% Black, 47% White, 23% Native American, 15% Latino. Please note, percentage should total 100%)
- 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 ()*

- 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
- Select one primary interest area from the list that best describes the focus of your grant request (Annual Membership – For Foundation Staff Use Only)*
 - Annual Membership
 - Community Connectedness
 - Economic Opportunity and Security
 - Education
 - Health
 - Housing and Transportation
 - Human Services and Family Support

Grant Narrative Questions

Required fields are denoted by an asterisk ()*

- Describe the opportunity, challenge, issue or need that your organization is currently facing. Share any supporting data/research/documentation that you think might help us to understand what you will be working to achieve with grant support (suggested 2,000 characters max)*
- Does your organization primarily serve low-income individuals? *
- Provide any additional information not already captured regarding the primary population the organization serves (Suggested 1,500 characters max)
- Describe the plan for technical assistance consultation (suggested 1,500 characters max)*
- Describe how this plan was determined and who was involved in the decision-making process? * (Suggested 1,500 characters max)

Required Documents

Required fields are denoted by an asterisk ()*

- Current Year Operating Budget*
- Year End Income and Expense Report*
- Year End Balance Sheet*
- Current Board Member List*
- Written proposal/bid from consultant(s)*
- Fiscal Sponsorship Agreement**
- Fiscal Sponsor Operating Budget**
- Fiscal Sponsor Income and Expense Sheet**
- Fiscal Sponsor Balance Sheet**
- Fiscal Sponsor Board Member List**

*Required only if organization is not a 501(c)3 AND has a fiscal sponsor by (**)*