



Community Solutions Grant Program Application

Organization Information

Required fields are denoted by an asterisk (*)

- Application 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*
- 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%*)*
- About Your Organization (Please share the most important information about your organization. Most people write about 3 – 5 paragraphs or about 2,000 characters.)

Note to applicant: Please share information about your organization. Relevant information could include some of the following:

- Your organization's mission statement
 - A brief organization history
 - Current programs and recent accomplishments or achievements
 - Recent major changes to financial and/or organization circumstances
 - Current goals including any goals around Diversity, Equity, and Inclusion (DEI)
- 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 organization information for the fiscal sponsor*

Racial Demographic Information

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
 - Program/Project
 - Capital

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.

- Proposed Grant Start Date*
- Proposed Grant End Date (proposed grant period must be 1 year)*
- Amount Requested (up to \$50,000)*
- 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
 - Community & Economic Development
 - Health & Human Services
 - Youth & Education

Grant Narrative Questions – GENERAL OPERATING

Required fields are denoted by an asterisk (*)

- About Your Community (Please share the most important information about your community. Most people write about 3 – 5 paragraphs or about 2,000 characters.)*

Note to applicant: Please share information about the community where, or with whom, you do your work. Relevant information could include some of the following:

- The community opportunity, challenge, issue or need that your organization works to address
 - Information about the people you serve such as socioeconomic status, race, ethnicity, gender, sexual orientation, age, physical ability, and language
 - Details about how you work with other organizations, coalitions, or networks
 - Details about how you listen to/involve constituents, community members, and/or volunteers (inform/form/benefit)
- About Your Impact (Please share the most important information about your impact. Most people write about 3 – 5 paragraphs or about 2,000 characters.)*

Note to applicant: Briefly, please explain what success looks like overall and for any goals stated, above. How do you track impact and how do you know you're moving toward it?

- OPTIONAL ADDITIONAL INFORMATION: Is there anything we did not explicitly ask about that you would like to share? (Optional)

Required Documents – GENERAL OPERATING

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*
- 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 if organization is not a 501(c)3 AND has a fiscal sponsor are denoted by (**)

Grant Narrative Questions – PROGRAM/PROJECT OR CAPITAL

Required fields are denoted by an asterisk (*)

- About Your Community (Please share the most important information about your community. Most people write about 3 – 5 paragraphs or about 2,000 characters.) *

Note to applicant: Please share information about the community where, or with whom, you do your work. Relevant information could include some of the following:

- The community opportunity, challenge, issue or need that your organization works to address
- Information about the people you serve such as socioeconomic status, race, ethnicity, gender, sexual orientation, age, physical ability, and language
- Details about how you work with other organizations, coalitions, or networks
- Details about how you listen to/involve constituents, community members, and/or volunteers (inform/form/benefit)

- Program/Project or Capital Description: Please describe the work this grant will support, including why this work is necessary now and how it will serve the community. (Please share the most important information about the program/project or capital request. Most people write about 3 – 5 paragraphs or about 2,000 characters.)*
- About Your Impact (Please share the most important information about your impact. Most people write about 3 – 5 paragraphs or about 2,000 characters.) *

Note to applicant: Briefly, please explain what success looks like overall and for any goals stated, above. How do you track impact and how do you know you're moving toward it?

- OPTIONAL ADDITIONAL INFORMATION: Is there anything we did not explicitly ask about that you would like to share? (Optional)

Required Documents – PROGRAM/PROJECT OR CAPITAL

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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)

Required documents only if organization has a fiscal sponsor are denoted by (**)