

Minnesota Common Grant Application Form

Revised December 2000

Dear Nonprofit Colleague,

We are pleased to introduce an updated version of the Minnesota Common Grant Application form. Minnesota grantmakers developed this form to make the grantseeking process simpler and more efficient for nonprofits. For ease of use and to eliminate unnecessary duplication of work, you may reproduce any part of the form you find helpful including the COVER SHEET and BUDGET forms.

Keep in mind that every grantmaker has different guidelines and priorities, as well as different deadlines and timetables. Before submitting this application to a potential funder, it is very important that you check to see whether your project or program matches their published interests. Any funder that has agreed to accept this form may request additional information as needed.

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. After you do the research, find out the preferred method of contact for the grantmaker, and contact the grantmaker to secure their specific grantmaking guidelines. Many grantmakers generally like to have initial contact with you before receiving a written proposal.
3. Include a cover letter with each proposal that introduces your organization and your proposal, and makes a strategic link between your proposal and the funder's mission and grantmaking interests.
4. Type and single-space all proposals.
5. Answer all the questions in the order listed.
6. Submit the number of copies each grantmaker requests according to their guidelines.
7. Do not include any materials other than those specifically requested at this time.

RESOURCES

- Call, write or check the website of each grantmaker to obtain a copy of their funding guidelines.
- Use MCF's Minnesota Grantmakers Online subscription database 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.

For a list of grantmakers that accept the Minnesota Common Grant Application Form, or to download the Form, visit:

www.mcf.org/mcf/grant/applicat.htm

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Grant Application Cover Sheet

You may reproduce this form on your computer

Date of application: _____ Application submitted to: _____

Organization Information

Name of organization _____ Legal name, if different _____

Address _____ City, State, Zip _____ Employer Identification Number (EIN) _____

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 funder 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: _____

Signature _____

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PROPOSAL NARRATIVE

Please use the following outline as a guide to your proposal narrative. Most grantmakers prefer up to five pages, excluding attachments, but *be sure to ask each individual funder if they have page limitations or any additional requirements*. 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; select "Grantseeking in Minnesota").

I. 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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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

Generally the following attachments are required:

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

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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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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) _____ | \$ _____ |
| _____ | \$ _____ |
| 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) | \$ _____ | _____ |