

Application Questions – Youth Development

Organizational Information

Organization Name
Organization Legal Name (if different)
Fiscal Sponsor (if applicable)
Federal Tax ID #
Address
Phone
Web address

Mission Statement

Provide your organization's mission statement.
Word limit: 100

Describe any major changes to organization since last applied

(Provide any organizational staffing or service changes)
Word limit: 100

Board Composition

Include the number of board members, how often they meet, gender/ethnicity, and if constituency is represented on your board.
Word limit: 150

Staff Composition

Include the number of staff, gender/ethnicity, and if constituency is represented on your staff.
Word limit: 150

Name and contact information of Board Chair

Format example: John Doe, Organization ABC, VP of Operations, 612-880-1212, johndoe@organization.com
Word limit: 75

Contact Information

Organization Primary Contact (CEO)
Provide: name, title, direct phone number and email

Grant Contact (If different from CEO)
Provide: name, title, direct phone number and email

Financial Information (Organization)

Top five funding sources

Format example: Foundation 30%, Government 15%, Corporations 5%

Word limit: 100

Total Organization Budget for current year

(Provide the dollar amount of your organization budget)

Explain any significant changes to the organizational budget from last year (if applicable)

(ie: budget deficit, loss of funding source)

Word limit: 150

Fiscal Year end date

Format example 06/30

Total Income from last year

Current Assets from last year

A Current Asset is an item on your balance sheet that represents the value of assets that can be converted to cash within one year. Examples: Cash, Accounts Receivable, Short-term investments, Prepaid Expenses, etc.

Total Assets from last year

Total Assets is an item on your balance sheet that represents the value of current assets plus any long-term assets that an organization expects to hold for more than one year (ex: Property, furniture and fixed assets)

Current Liabilities from last year

Current liabilities are a company's debts or obligations that are due within one year, appearing on the company's balance sheet. Examples of short-term liabilities include: Accounts Payable, Salaries & Benefits, Rent Payable, etc.

Total Liabilities from last year

Total Liabilities can be found on the balance sheet and represent the total debt of an organization. This would include current liabilities as well as any long-term liabilities (greater than one year) such as mortgage or equipment loans, deferred payments, etc.

Total Fundraising Expense from last year

Total Management & General Expense from last year

Total Expenses from last year

Attachment: Audit or Financial Statements

Attach your most recent audit report and management letter, if available. If there is no audit, please attach your most recent Income Statement & Balance Sheet. File types accepted: .doc, .docx, .xls, .xlsx, pdf.

Program Information

Program Title

Word limit: 25

Brief description of program

Provide a short description (2 sentences) of the program for which you are requesting funding. You will have other opportunities to describe the program in further detail.

Word limit: 100

Is this request for a New program or and Existing program?

Please choose “new” if this is an absolutely new program, new to the organization and has never been implemented before. Choose “existing” if you are adding a new/revised element to a current program. *Choices: New or Existing*

Explain the expansion element

If you chose existing program above, describe what you are doing new or differently to a current program as an expansion element. (examples: we plan to go from 2 days to 3 days of programming or we are adding a new curriculum or we are increasing numbers served, etc).

Word limit: 150

Program Start and End Date

(Keep in mind, Sheltering Arms funding cycle is July – June)

Amount Requested

What is the dollar amount you are requesting from Sheltering Arms?

Total Program Budget

What is the total cost of the program? Please be sure to review the example template before submitting.

Attachment: Program Budget

Please be sure to review the example template before submitting.

File types accepted: .doc, .docx, .xls, .xlsx, .pdf

Committed Funding

List all committed funding sources for this specific program request ONLY; please do not list all committed operating support for the organization. Format: ABC Foundation-\$30,000; B Corporation-\$55,000

Word limit: 100

Pending Funding

List all pending funding sources for this specific program request ONLY; please do not list all committed operating support for the organization.

Format: ABC Foundation-\$30,000; B Corporation-\$55,000

Word limit: 100

If there are any line items or expenditures in the program budget you would like to explain further, please provide.

Word limit: 100

Engagement

List the staff responsible and their relevant qualifications for carrying out these activities.

Word limit: 200

How do you engage families in this program?

Word limit: 250

Describe how your program is culturally relevant and responsive (program design, curriculum, staff training, etc.)

Word limit: 250

Demographics

Geographic Area Served

Choices: Minnesota (statewide), Greater Minnesota, Seven County metro area, Minneapolis, St. Paul.

Populations Served (% of participants)

Choices: African, African-American, American Indian/Native American, Asian/Pacific Islander, Caucasian, Chicano/Latino, Other.

Ages of children being served

Example: Ages 3-5 or 0-3

Number of children being served

Enter the number served by this program only. Not the whole organization.

Elements of Quality

Are you using a curriculum?

(Choice: Yes/No)

If yes, what curriculum are you using?

Word limit: 250

If no, what are you basing your program design on?

Word limit: 250

How often is the program offered and for how long?

(Example: This program is offered 3 days a week (M-W-F) from 3:00 – 6:00 pm)

Word limit: 75

What is the intentional focus of the program?

Choices: Academic Support, Health & Wellness, Social Emotional Learning

Collaboration

Identify your key partners and the role they play in this program.

Please don't list all organizational partners but rather those specific to this funding request.

Word limit: 250

Impact

The Sheltering Arms Foundation envisions a Minnesota that is a vibrant, thriving state where the opportunity gap for children is closed and all children have high-quality lives. How does your program help to make that vision a reality?

Word limit: 250

Evaluation

We want to know how you will view success. Give us three examples of what success will look like in this program.

The Sheltering Arms Foundation values serving the whole child. One of these success measures should include supporting social/emotional development.

Word limit: 500

We want to ensure grantees have a plan for how to achieve success. What program activities will you do during the grant period to achieve that success.

Word limit: 500

We want to make sure grantees have a way to measure if their activities are leading to success. What are the ways you plan to measure your work?

Word limit: 500

Identify any internal/external risks that could impact program success. Include strategies you would use to minimize these.

Word limit: 250