

## Application Questions – Advocacy

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### Organizational Information

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

### Mission Statement

Provide your organization's mission statement.

*Word limit: 100*

### Impact of 2020

The pandemic, economic and racial justice crises have had significant impacts on many nonprofits. Please use the space below to share how these have affected your organization (modifications to programs and operations, shifts in the clients you're serving, adjustments to budgets and fundraising plans, etc.).

### Board and Staff Composition

Total Number of Board Members  
Total Number of Staff

Help us better understand the diversity of your organization by providing the percentage of board/staff in the following categories: (Board, Leadership, and Staff)

Choices: Asian/Asian American/Pacific Islander, Black/African American/African, Hispanic/Latinx/Chicano or Chicana, Multiple race/ethnicities, Native American/American Indian/Indigenous, Unknown, White/European American.

### 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**

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

(ie: budget deficit, loss of funding source)

*Word Limit: 100*

**Fiscal Year end date**

Format example 06/30

**Total Income from last year**

**Total Expenses 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**

**Attachment: Audit or Financial Statements**

Attach your most recent audit report and management letter, if available.

If there is no audit, 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*

**Program Start and End Date**

(Keep in mind, Sheltering Arms funding cycle would be 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**

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: 75*

**Pending Funding**

For this specific program request ONLY; please do not list all pending support for the organization.

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

*Word Limit: 75*

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

*Word Limit: 75*

**Demographics**

**Geographic Area Served**

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

**Populations Served (% of participants)**

Choices: Asian/Asian American/Pacific Islander, Black/African American/African, Hispanic/Latinx/Chicano or Chicana, Multiple racial or ethnicity, Native American/American Indian/Indigenous, Unknown, White/European American.

**Activities & Engagement**

**What is the issue you are seeking to impact?**

*Word Limit: 250*

**What systems are you trying to change to reach that impact?**

*Word Limit: 250*

**Describe the specific activities for which you are seeking funding.**

*Word Limit: 250*

**What is your communications strategy?**

*Word Limit: 250*

**Describe the internal structure of the organization to do this work.**

(i.e.: is there an advocacy committee, advocacy agenda, what are the qualifications of staff, does the organization have experience in advocacy)

*Word Limit: 250*

**What staff development opportunities do you provide that help build your advocacy capacity?**

(internal/external training, coaching, mentoring, etc.)

*Word Limit: 250*

**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**

**You are required to have one short-term outcomes (duration of the grant period July - June).**

- Describe your short-term outcome.
- Give us two examples of what success will look like in this program. *Word limit: 500*
- What program activities will you do during the grant period to achieve that success. *Word limit: 500*
- What are the ways you plan to measure your work? *Word limit: 500*

**You are required to have one long-term goal (policy goals for the issue/campaign).**

- What is your Long-Term goal?
- Describe the benchmark for this goal.
- Describe the activities to achieve this goal.
- How will you measure progress for this goal?

*All fields - Word Limit: 250*

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

*Word Limit: 250*