

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.

Organization Update

The continuing impact of the pandemic, economic and racial justice crises has created shifting priorities for many nonprofits. Please use the space below to share how these have affected your organization (shifts in the clients you're serving, mental health and trauma informed care for clients and staff, modifications to programs and operations, 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/Latine/Chicano or Chicana, Multiple race/ethnicities, Native American/American Indian/Indigenous, Unknown, White/European American.

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

Name and contact information of Board Chair
Format example: John Doe, Organization ABC, VP of Operations, 612-880-1212, johndoe@organization.com

Financial Information (Organization)

Top five funding sources

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

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)

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, 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 an Existing program?

Please choose “new” if this is a brand new program. (New to the organization and has never been implemented before).

Choose “existing” if you are requesting funding for a program that is currently in place and/or plan to add a new innovation or revised element to a current program.

Choices: New or Existing

Explain program change or innovation, if any.

If you chose existing program above, describe if you are implementing any changes or new innovations to the current program.

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

Program 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

Program 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

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

Engagement

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

How do you engage families in this program?

Describe how your program is culturally relevant and responsive.

(program design, curriculum, staff training, etc.)

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/Latine/Chicano or Chicana, Multiple race/ethnicities, Native American/American Indian/Indigenous, Unknown, White/European American.

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?

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)

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 do not list all organizational partners but rather those specific to this funding request.

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?

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.

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.

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?

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