

Application Questions – Advocacy

Organizational Information

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

Board and Staff Composition

Total Number of Board Members
Total Number of Staff

SAF is committed to investing in Black, Indigenous, People of Color (BIPOC)-led organizations. We have chosen to define BIPOC-led groups as those for whom at least four of the following criteria are true.

Please check all that apply.

- 50% of senior staff identify as Black, Indigenous, people of color
- 50% of board members identify as Black, Indigenous, people of color
- Organization CEO or Executive Director identifies as Black, Indigenous, people of color
- Project and/or initiative is being led by a majority of Black, Indigenous, people of color group staff members
- Group mission explicitly focuses on Black, Indigenous, people of color communities and/or racial equity
- Organization is implementing diversity, equity, and inclusion initiatives and navigating organizational transition for greater equity in programming/operations
- None of the above

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

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.

Geographic Area Served

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

What is the issue you are seeking to impact?

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

What is the outcome for this work? How does it align with your organization's mission?

Provide two examples of what success will look like for this program?

Describe the specific activities for which you are seeking funding.

What is your communications strategy?

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)

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

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

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.

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 the project success. Include strategies you would use to minimize these.

Financial Information

Organizational

Top five funding sources for the Organization

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

Fiscal Year end date

Format example 06/30

Total Income from last year

Total Expenses from last year

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)

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 Funding

Please provide any pending or committed funding for this specific grant request.

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

Attachment: Program Budget

You may submit your own program budget, we no longer require a specific template. We do ask that the budget show estimated sources of revenue as well as estimated expenses.

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

Explain how SAF funds will be used within this program.

(example: staff salaries, consultant fees, program supplies, etc.)

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