Application Questions – Early Childhood

Organizational Information

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

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

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?

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. <u>Not</u> the whole organization.

Program Focus Areas: choose any of the following:
- Early Care & Education;
- Parent Education
- Targeted Home Visiting

What is the intentional design of the program?
Choices: Cognitive Development, Physical Development, Social Emotional Learning

Does this program offer developmental screening and referrals? (yes/no)

Brief description of program

Clearly outline the program activities that SAF would be supporting.

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.

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?

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)

Describe your approach to engaging families in this program.

Describe your approach to delivering culturally relevant and responsive programming.
(program design, curriculum, staff training, etc.)

Provide 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.

What are the ways you plan to measure your work?

List the staff responsible and their capacity to carry out this program.

Is there anything else you would like us to know?

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, .xlxs, pdf.

Program Funding

Please provide any pending or committed funding for this specific grant request.
For this specific program request ONLY; please <u>do not</u> list all committed operating support for the organization.
Format: ABC Foundation-$30,000; B Corporation-$55,000

Explain how SAF funds will be used within this program.
(example: staff salaries, consultant fees, program supplies, etc.)

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, .xlxs, .pdf

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