

# Sheltering Arms Foundation Jan 2025: Early Childhood Application

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*Sheltering Arms Foundation (MN)*

## ***Board and Staff Composition***

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### **Total Number of Board Members\***

*Character Limit: 250*

### **Total Number of Staff\***

*Character Limit: 250*

### **BIPOC Criteria\***

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.

#### **Choices**

- 50% of senior staff identify as Black, Indigenous, People of Color
- 50% of board members identify as Black, Indigenous, People of Color
- CEO or Executive Director identifies as Black, Indigenous, People of Color
- Program or Initiative is being led by a majority of Black, Indigenous, People of Color staff members
- Org Mission explicitly focuses on Black, Indigenous, People of Color
- Org is implementing DEI initiatives
- Org is navigating a transition for greater equity in programs/operations
- None of the above

## ***Basic Program Information***

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### **Funding Area\***

#### **Choices**

- Early Childhood (serving ages 0 - 5)

### **Program Title\***

*Character Limit: 101*

### **Program Start Date\***

*Character Limit: 10*

### **Program End Date\***

*Character Limit: 10*

### **Amount Requested\***

*Character Limit: 20*

**Total Program Budget\***

Character Limit: 20

**Geographical Area Served\***

**Choices**

- Greater Minnesota
- Minneapolis
- St. Paul
- Seven-County Metro Area
- Minnesota (Statewide)

**Population Served**

Enter the percentage for each population served below.

If a category is not applicable, enter 0.

Population Served	Percentage Served
Asian American/Pacific Islanders/Asian	
Black/African American/African	
Hispanic/Latino/Latina/Latinx	
Native American/American Indian/Indigenous	
White/Caucasian/European	
Multi-Racial/Multi-Ethnic (2+ races/ethnicities)	
Decline to state	
Unknown	

<b>Total (should equal 100%)</b>	
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**Ages Served\***

Provide the ages of children served in this program.

Example: Ages 3-5 or 0-3, etc.

*Character Limit: 250*

**Numbers Served\***

Enter the number served by this program only.

(Not the whole organization.)

*Character Limit: 250*

**EC Program Focus Areas\*****Choices**

Early Care & Education

Parent Education

Targeted Home Visiting

**EC Program Intentional Design\*****Choices**

Cognitive Development

Physical Development

Social-Emotional Learning

**Screening & Referrals\***

Does this program offer developmental screening and referrals?

**Choices**

Yes

No

***Program Details*****Program Description\***

Provide a short 2-3 sentence description of the program for which you request funding. You'll have other opportunities to describe the program in more detail.

*Character Limit: 500*

**Program Activities\***

Outline the program activities that SAF would be supporting.

*Character Limit: 10000*

**Curriculum\***

Are you using a curriculum?

If yes, describe what you are using. If no, what are you basing your program design on?

*Character Limit: 10000*

**Program Intensity\***

How often is the program offered, and for how long?

(ex: This program runs 3 days a week (Mon, Tue & Thur) from 3 - 6:00 pm)

*Character Limit: 5000*

**Partnerships/Collaboration\***

Identify your key partners and the role they play in this program. Please do not list all "organization" partners but rather those specific to this program/funding request.

*Character Limit: 10000*

**Success Measures\***

We want to know how you will view success. Provide **three** examples of what success will look like in this program. SAF values serving the whole child. One of these success measures should include supporting social-emotional development.

*Character Limit: 10000*

**Measurement\***

What are the ways you plan to measure your work? (surveys, YPQA, interviews, observation, external evaluator, etc.)

*Character Limit: 10000*

**Program Staffing\***

List the staff responsible and their capacity for carrying out this program.

*Character Limit: 10000*

**Family Engagement\***

Describe your approach to engaging families in this program.

*Character Limit: 10000*

**Cultural Relevancy\***

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

*Character Limit: 10000*

## *Financial Information*

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### **Organization Funding Sources**

List the top five funding sources for the Organization.

(ex: Foundations 30%, Government 15%, Corporations 5%)

If a category is not applicable, enter 0.

<b>Type of Funding</b>	<b>Percent of Funding Source</b>
<b>Government</b>	
<b>Foundations</b>	
<b>Corporations</b>	
<b>Individuals</b>	
<b>Events</b>	
<b>Tuition</b>	
<b>Other</b>	
<b>Total Sources of Funding (should equal 100)</b>	

### **Fiscal Year End Date\***

Example: 06/30/2025

*Character Limit: 10*

### **Total Income from Last Year\***

*Character Limit: 20*

### **Total Expenses from Last Year\***

*Character Limit: 20*

## Total Organization Budget for Current Year\*

Character Limit: 20

## Organizational Budget Changes

If applicable, explain any significant changes to the organizational budget from last year. (ex: budget deficit, loss of funding, etc.)

Character Limit: 5000

## Program Funding\*

Provide any pending or committed funding for **this specific grant request only**; do not list all operating support for the organization. (Format: ABC Foundation - \$10,000)

Character Limit: 5000

## SAF Funds\*

What budget expenses will SAF funds be used for?

(example: 75% staff salaries, 5% consultant fees, 20% program supplies, etc.)

Character Limit: 5000

## Program Budget

Are there any line items or expenditures in the program budget you would like to explain further?

Character Limit: 5000

## Attachments

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### Attachment: Program Budget\*

You may submit your own program budget, we do not require a specific template. We do ask that you provide a FULL budget - showing both revenue sources and expenses.

File Size Limit: 5 MB

### Attachment: Audit or Financial Statements\*

Attach your most recent audit report and management letter. If there is no audit, attach your most recent financial statements (Income Statement and Balance Sheet).

File Size Limit: 5 MB

### Attachment: Logo

Please upload your logo below.

File Size Limit: 15 MB

## Additional Information

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### **Anything else?**

Is there anything further you would like to share with us? Feel free to upload a file or share via the text field.

*Character Limit: 5000 | File Size Limit: 10 MB*

### **How are we doing?**

We are always striving to improve our processes. Please let us know how we're doing by submitting your responses to this **survey**.

### **Process & Timeline**

Once you submit your application, you cannot edit the form. Please review your answers before submitting.

After you submit this application, check your email for confirmation of submission.

A final decision is expected by the end of May. Information on our review process can be found **here**.