

Sheltering Arms Foundation Jan 2025: Youth Development Application

Sheltering Arms Foundation (MN)

Board and Staff Composition

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

Funding Area*

Choices

Youth Development (serving ages 5 - 12)

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 a percentage for each population served below. If you don't serve that category, 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	
Total (should equal 100%)	

Ages Served*

Provide the ages of children served in this program.

Example: Ages 6-9 or 7-12, etc.

Character Limit: 250

Numbers Served*

Enter the number served by this program only.

(Not the whole organization.)

Character Limit: 250

Program Details

YD Program Focus*

This program intentionally focuses on the following:

(check all that apply)

Choices

Academic Support

Health & Wellness

Mentoring

Social-Emotional Learning

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

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.

Type of Funding	Percent of Funding Source
Government	
Foundations	

Corporations	
Individuals	
Events	
Tuition	
Other	
Total Sources of Funding (should equal 100)	

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

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

Anything else?

Is there any further information 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.