

Sheltering Arms Foundation 2026 Advocacy

Sheltering Arms Foundation (MN)

Board & Staff Composition

Board Members*

Provide the total number of board members.

Character Limit: 250

Staff Members*

Provide the total number of staff members.

Character Limit: 250

Board & Staff Composition*

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 inclusion and belonging initiatives

Org is navigating a transition for greater equity in

programs/operations. None of the above

Basic Program Information

Program Title*

Character Limit: 100

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 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)

Advocacy Focus Area*

Choose the program focus area that your advocacy work centers on.

Choices

- Early Childhood
- Youth Development

Program Details

Advocacy Issue*

Could you define the need and the issue you are seeking to impact?

Character Limit: 10000

Advocacy Systems*

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

Character Limit: 10000

Program Activities*

Outline the program activities that SAF would be supporting.

Character Limit: 10000

Communications*

What is your communications strategy?

Character Limit: 10000

Staffing*

Provide the staff responsible, and their qualifications, for carrying out this program. Do you provide any staff development to help build advocacy capacity?

Character Limit: 10000

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*

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

Character Limit: 10000

Measurement*

What are the ways you plan to measure your work?

Character Limit: 10000

Financial Information

Organization Funding Sources

List the top five funding sources for the organization.

Example:

- Corporations/Foundations 25%
- Government 20%
- Earned Revenue 20%
- Events 10%
- Individuals 10%

(These categories are for demonstration only; please use categories that apply to your organization.)

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: 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: 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: Logo

Please upload your logo below.

File Size Limit: 15 MB

Additional Information

Anything else?

Would you like to share anything else with us? Feel free to upload a file or use the text field to do so.

Character Limit: 10000

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 grant review process can be found [here](#).