Revised December 2000

Dear Nonprofit Colleague,

We are pleased to introduce an updated version of the Minnesota Common Grant Application form. Minnesota grantmakers developed this form to make the grantseeking process simpler and more efficient for nonprofits. For ease of use and to eliminate unnecessary duplication of work, you may reproduce any part of the form you find helpful including the COVER SHEET and BUDGET forms.

Keep in mind that every grantmaker has different guidelines and priorities, as well as different deadlines and timetables. Before submitting this application to a potential funder, it is very important that you check to see whether your project or program matches their published interests. Any funder that has agreed to accept this form may request additional information as needed.

#### STRATEGIES FOR SUCCESSFUL GRANTSEEKING

- 1. **Do your research** to determine whether the foundations' and corporations' goals and objectives for grantmaking are consistent with your type of grant request.
- 2. After you do the research, find out the preferred method of contact for the grantmaker, and contact the grantmaker to secure their specific grantmaking guidelines. Many grantmakers generally like to have initial contact with you before receiving a written proposal.
- 3. Include a cover letter with each proposal that introduces your organization and your proposal, and makes a strategic link between your proposal and the funder's mission and grantmaking interests.
- 4. Type and single-space all proposals.
- 5. Answer all the questions in the order listed.
- 6. Submit the number of copies each grantmaker requests according to their guidelines.
- 7. Do not include any materials other than those specifically requested at this time.

#### RESOURCES

- Call, write or check the website of each grantmaker to obtain a copy of their funding guidelines.
- Use MCF's Minnesota Grantmakers Online subscription database and other directories listing foundations' interests and processes.
- Visit a Foundation Center Collection Library in Minneapolis, St. Paul, Fargo, Duluth, Rochester or Marshall-SW State.

For a list of grantmakers that accept the Minnesota Common Grant Application Form, or to download the Form, visit:

www.mcf.org/mcf/grant/applicat.htm

## **Grant Application Cover Sheet**

You may reproduce this form on your computer

te of application:  Application submitted to:				
	Organization Infor	mation		
Name of organization		Legal name, if c	lifferent	
Address	City, State, Zip	Employer Ident	Employer Identification Number (EIN)	
Phone	Fax	Web site		
Name of top paid staff	Title	Phone	E-mail	
Name of contact person regarding this application	Title	Phone	E-mail	
Is your organization an IRS 501(c)(3) not-fo	or-profit?		Yes	No
If no, is your organization a publ	ic agency/unit of gove	rnment?	Yes	No
If no, check with funder for detail	ils on using fiscal agen	ts, and list name and add	dress of fiscal age	nt:
-		F	iscal agent's EIN nun	ıber
	Proposal Inform	-4°		
Population served:	Geo	graphic area served:		
Funds are being requested for (check one) A  General operating support  Project/program support	Start-up cos		ital	
Project dates (if applicable):	Fiscal	year end:		
	Budget			
Dollar amount requested:		\$		
Total annual organization budget:				
Total project budget (for support other	than general operating			
	Authorization			
Name and title of top paid staff or boar <b>Signature</b>	rd chair:			

#### PROPOSAL NARRATIVE

Please use the following outline as a guide to your proposal narrative. Most grantmakers prefer up to five pages, excluding attachments, but *be sure to ask each individual funder if they have page limitations or any additional requirements*. Also, include a cover letter with your application that introduces your organization and proposal and makes the link between your proposal and the mission of the grantmaker to whom you are applying. For assistance with terms, refer to MCF's Web site (www.mcf.org; select "Grantseeking in Minnesota").

### I. Organization Information

- A. Brief summary of organization history, including the date your organization was established.
- B. Brief summary of organization mission and goals.
- C. Brief description of organization's current programs or activities, including any service statistics and strengths or accomplishments. Please highlight new or different activities, if any, for your organization.
- D. Your organization's relationship with other organizations working with similar missions. What is your organization's role relative to these organizations?
- E. Number of board members, full-time paid staff, part-time paid staff and volunteers.
- F. Additional organization information required by each individual funder.

#### II. PURPOSE OF GRANT

General operating proposals: Complete Section A below and move to Part III - Evaluation. All other proposal types: Complete Section B below and move to Part III - Evaluation.

#### A. General Operating Proposals

- 1. The opportunity, challenges, issues or need currently facing your organization.
- 2. Overall goal(s) of the organization for the funding period.
- 3. Objectives or ways in which you will meet the goal(s).
- 4. Activities and who will carry out these activities.
- 5. Time frame in which this will take place.
- 6. Long-term funding strategies.
- 7. Additional information regarding general operating proposals required by each individual funder.

#### **B.** All Other Proposal Types

#### 1. Situation

- a. The opportunity, challenges, issues or need and the community that your proposal addresses.
- b. How that focus was determined and who was involved in that decision-making process.

#### 2. Activities

- a. Overall goal(s) regarding the situation described above.
- b. Objectives or ways in which you will meet the goal(s).
- c. Specific activities for which you seek funding.
- d. Who will carry out those activities.
- e. Time frame in which this will take place.
- f. How the proposed activities will benefit the community in which they will occur, being as clear as you can about the impact you expect to have.
- g. Long-term funding strategies (if applicable) for sustaining this effort.

#### **III. EVALUATION**

- A. Please describe your criteria for success. What do you want to happen as a result of your activities? You may find it helpful to describe both immediate and long-term effects.
- B. How will you measure these changes?
- C. Who will be involved in evaluating this work (staff, board, constituents, community, consultants)?
- D. What will you do with your evaluation results?

#### **ATTACHMENTS**

Generally the following attachments are required:

- 1. Finances (for assistance with terms, check MCF's website at www.mcf.org.)
  - Most recent financial statement from most recently completed year, audited if available, showing actual expenses. This information should include a balance sheet, a statement of activities (or statement of income and expenses) and functional expenses. Some funders require your most recent Form 990 tax return.
  - Organization budget for current year, including income and expenses.
  - Project Budget, including income and expenses (if not a general operating proposal).
  - Additional funders. List names of corporations and foundations from which you are requesting funds, with dollar amounts, indicating which sources are committed or pending.
- 2. List of board members and their affiliations.

and expenses)

List of additional funders

Statement of functional expenses

- 3. Brief description of key staff, including qualifications relevant to the specific request.
- 4. A copy of your current IRS determination letter (or your fiscal agent's) indicating tax-exempt 501(c)(3) status.
- 5. If applying to a corporate funder only: if an employee of this corporation is involved with your organization, list names and involvement.

Be sure to check each funder's guidelines, and use discretion when sending additional attachments.

#### PROPOSAL CHECKLIST

Cover letter List of board members and their Cover sheet affiliations Proposal narrative Brief description of key staff Organization budget IRS determination letter Project budget (if not general operating Confirmation letter of fiscal agent (if required) grant) Additional information required by Financial statements, preferably audited, showing actual expenses each individual funder including: Balance sheet Statement of activities (income

#### **ORGANIZATION BUDGET**

This format is optional and can serve as a guide to budgeting. If you already prepare an organization budget that contains this information, please feel free to submit it in its original form. Feel free to attach a budget narrative explaining your numbers if necessary.

### **INCOME**

<b>Source</b>	<u>Amount</u>
Support	
Government grants	\$
Foundations	\$
Corporations	\$
United Way or other federated campaigns	\$
Individual contributions	\$
Fundraising events and products	\$
Membership income	\$
In-kind support	\$
Investment income	\$
Revenue	
Government contracts	\$
Earned income	\$
Other (specify)	\$
	\$
	\$
Total Income	\$
FYPENSES	
<u>EXPENSES</u>	Amount
<u>Item</u>	<u>Amount</u> \$
Item Salaries and wages	\$
Item Salaries and wages Insurance, benefits and other related taxes	\$ \$
Item Salaries and wages Insurance, benefits and other related taxes Consultants and professional fees	\$ \$ \$
Item Salaries and wages Insurance, benefits and other related taxes Consultants and professional fees Travel	\$ \$ \$ \$
Item Salaries and wages Insurance, benefits and other related taxes Consultants and professional fees Travel Equipment	\$ \$ \$ \$
Item Salaries and wages Insurance, benefits and other related taxes Consultants and professional fees Travel Equipment Supplies	\$ \$ \$ \$ \$
Item Salaries and wages Insurance, benefits and other related taxes Consultants and professional fees Travel Equipment Supplies Printing and copying	\$ \$ \$ \$ \$ \$
Item Salaries and wages Insurance, benefits and other related taxes Consultants and professional fees Travel Equipment Supplies Printing and copying Telephone and fax	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$
Item Salaries and wages Insurance, benefits and other related taxes Consultants and professional fees Travel Equipment Supplies Printing and copying Telephone and fax Postage and delivery	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$
Item Salaries and wages Insurance, benefits and other related taxes Consultants and professional fees Travel Equipment Supplies Printing and copying Telephone and fax Postage and delivery Rent and utilities	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$
Item Salaries and wages Insurance, benefits and other related taxes Consultants and professional fees Travel Equipment Supplies Printing and copying Telephone and fax Postage and delivery Rent and utilities In-kind expenses	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$
Item Salaries and wages Insurance, benefits and other related taxes Consultants and professional fees Travel Equipment Supplies Printing and copying Telephone and fax Postage and delivery Rent and utilities In-kind expenses Depreciation	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$
Item Salaries and wages Insurance, benefits and other related taxes Consultants and professional fees Travel Equipment Supplies Printing and copying Telephone and fax Postage and delivery Rent and utilities In-kind expenses	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$
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Item Salaries and wages Insurance, benefits and other related taxes Consultants and professional fees Travel Equipment Supplies Printing and copying Telephone and fax Postage and delivery Rent and utilities In-kind expenses Depreciation Other (specify)	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$
Item Salaries and wages Insurance, benefits and other related taxes Consultants and professional fees Travel Equipment Supplies Printing and copying Telephone and fax Postage and delivery Rent and utilities In-kind expenses Depreciation	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$

### PROJECT BUDGET

This format is optional and can serve as a guide to budgeting. If you already prepare project budgets that contain this information, please feel free to submit them in their original forms. Feel free to attach a budget narrative explaining your numbers if necessary.

INCOME		
Source	<b>Amount</b>	
Support		
Government grants	\$	
Foundations	\$	
Corporations	\$	
United Way or other federated campaigns	\$	
Individual contributions	\$	
Fundraising events and products	\$ \$	
Membership income		
In-kind support	\$	
Investment income	\$	
Revenue		
Government contracts	\$	
Earned income	\$	
Other (specify)	\$	
	\$	
Total Income	\$	
<b>EXPENSES</b>		
Item	Amount	%FT/PT
	1 mount	701 1/1 1
Salaries and wages (breakdown by individual		701 1/1 1
	\$	701 1/1 1
Salaries and wages (breakdown by individual	\$ \$	701 1/1 1
Salaries and wages (breakdown by individual	\$ \$ \$	701 1/1 1
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Salaries and wages (breakdown by individual	\$ \$ \$ \$ \$	701 1/1 1
Salaries and wages (breakdown by individual	\$ \$ \$ \$	701 1/1 1
Salaries and wages (breakdown by individual position and indicate full- or part-time.)	\$ \$ \$ \$ \$ \$	701 1/1 1
Salaries and wages (breakdown by individual position and indicate full- or part-time.)  SUBTOTAL	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	
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