



WCA Foundation – Spring 2023 Grant Round

FUNDING FOCUS AND ELIGIBILITY

1. Grants are limited to nonprofit organizations and projects that have a 501(c)(3) tax determination in their own name. Grant applicants must maintain direct responsibility for the work for which they are requesting funds.
2. The WCA Foundation may make both general operating and project grants for services provided to women.
 - General Operations are defined as support of a nonprofit organization's mission rather than a specific project or program. In this case, the organization's mission must meet the criteria described below.
 - Project Support is defined as support of a specific project, that lives within an organization providing broader services, that meets the criteria described below.
3. The WCA Foundation supports organizations and projects meeting the following criteria:
 - Seven-County Metro
 - The organization or project has a physical location in the Twin Cities seven-county metropolitan area (Anoka, Carver, Dakota, Hennepin, Ramsey, Scott and Washington) and serves clients primarily from that area.
 - Age of Women
 - Organization or project provides direct services to women 18 years and older.
 - Funding Focus
 - Services provided must meet the fundamental needs of the clients, with priority given to education, economic stability, shelter, safety, and health.
4. The WCA Foundation does NOT make grants:
 - to individuals
 - to private foundations
 - to fiscal agents or fiscal sponsors
 - to political organizations
 - for lobbying purposes
 - to religious organizations for religious purposes or for projects having religious overtones or for projects wherein religion is a component of the project
 - for medical research projects or to national health organizations; projects which benefit a population afflicted with a medical ailment may be considered
 - for deficits already incurred
 - to cover the cost of litigation
 - to organizations requesting funds for either pro-life or pro-choice projects
 - to organizations or projects which require their employees to raise some or all of their own salaries through their individual fundraising efforts
5. Grant applications are invited twice each year, during our open grant cycles. Organizations may submit only one request in each grant cycle.



6. Organizations that have received previous grants are eligible to request funding if it has been at least twelve months since the submission date of their last funded proposal.
7. Grants currently range from \$10,000 to \$30,000.

Clarifications on guidelines, funding focus, and eligibility can be directed to Julia Ruther, Program Coordinator, Impact & Collective Giving, Minneapolis Foundation at jruther@mplsfoundation.org. If you have technical questions about the online application process, please contact Grants Administration at grantsadministration@mplsfoundation.org.

GETTING STARTED

This document is intended to help prospective applicants prepare to apply for a grant from the Minneapolis Foundation. It offers a preview of what you will see in our online portal. Please note that the wording and placement of some prompts and questions may be slightly different in the online application.

Below is the status of your application for a WCA Foundation grant. This application has two required parts: An application narrative and additional attachments.

Any answers you provide will be saved as you navigate the application. However, you MUST click "Save & Go Next" or "Save and Return to Details" to save a page as complete. When the application, organization budget, and additional documents are validated and uploaded (see table below), you will be able to sign and submit your application.

Please click on any of the sections to begin or resume your application. You will receive a confirmation email after you have confirmed the information, signed, and submitted your application.

Section 1: [Organization Information](#)

Section 2: [Contact Information](#)

Section 3: [Organization senior leadership composition](#)

Section 4: [Population served and geographic location of the work](#)

Section 5: [Proposal Information](#)

Section 6: [Evaluation Information](#)



Section 7: Confirmation & Signature

Requirements Table

NAME	CURRENT STATUS	MANDATORY?	DESCRIPTION	DATE COMPLETED	ACTIONS	UPLOAD
List of Key Staff	Not Yet Uploaded	Yes	Please include positions and titles		Details	Upload
List of Board of Directors	Not Yet Uploaded	Yes	Please include positions and titles		Details	Upload
Organization Budget	Not Yet Uploaded	Yes	Click the Details link to provide a organization budget that outlines income and expense.		Details	Upload
Project Budget	Not Yet Uploaded	No	REQUIRED for Project Requests		Details	Upload
List of Other Funders	Not Yet Uploaded	Yes	List of other funding sources either confirmed or requested that have been identified for this proposal.		Details	Upload
Statement of Financial Position- balance sheet	Not Yet Uploaded	Yes	Statement of financial position (balance sheet) that shows year-to-date actual assets and liabilities.		Details	Upload
990s	Not Yet Uploaded	Yes	Copy of your most recent 990s.		Details	Upload

Section 1: Organization Information

Legal name of organization:

Is your organization known by other names? If so, please let us know. maximum of 100 characters.

Employer Identification Number:

Organization address:

Organization website:

Head of organization name:

Head of organization title:

Head of organization email:

Head of organization phone:

Is the above accurate? Yes/No

If any information is missing, please select "no" and provide the update.

Is your organization a 501(c)3? Yes/No. *Only 501(c)3 organizations are eligible to apply, please refer to the grant guidelines for additional information. If you have questions, reach out to Julia Ruther by email at jruther@mplsfoundation.org.*

Provide the mission or vision statement(s) of your organization: maximum of 400 characters.

Please describe your organization's primary goals, major programs and/or services: maximum of 1000 characters.

Please enter your organization's current annual budget.



Section 2: Contact Information

Name of contact person for this application:

Contact Person Title:

Contact Person Email:

Contact Person Phone:

Contact Person Cell Phone: *An answer to this question is required.*

Is the contact information current? Yes/No. *If any information is missing, please select "no" and provide the update.*

Section 3: Organization senior leadership composition

This set of questions asks about the demographics of your organization's senior leadership. Senior leaders are defined by your organization and its structure. Please only count full-time staff members who have self-reported this data.

Total number of senior leaders in the organization

Senior leaders staff by race/ethnicity.	TOTAL	ACTIONS
African		Edit
American Indian or Native American		Edit
Asian		Edit
Black or African American		Edit
Hispanic or Latinx		Edit
Native Hawaiian or Pacific Islander		Edit
White/Caucasian/European		Edit
More than one race/ethnicity		Edit
Identify in another way		Edit
Prefer not to answer		Edit
Information not available		Edit



Senior leaders by gender	TOTAL	ACTIONS
Woman		Edit
Man		Edit
Identify in another way		Edit
Prefer not to answer		Edit
Information not available		Edit

Senior leaders by age	TOTAL	ACTIONS
40 and younger		Edit
41 and older		Edit
Prefer not to answer		Edit
Information not available		Edit

Section 4: Population served and geographic location of the work

This set of questions asks about the demographics of the population served. Who will be served by the grant and where will the work take place?

Which primary race or ethnic populations were served by this grant? Please share only self-reported information and select all that apply.

African

American Indian/Native American

Asian

Black/African-American

Hispanic/Latinx

Native Hawaiian or Pacific Islander

White, Caucasian/European

More than one race/ethnicity

Prefer not to answer

Information not available

What age groups were served by this grant? Please only share self-reported information and select all that apply.

Younger than 18



18-24 years

25-34 years

35-44 years

45-54 years

55-64 years

65 years and older

Multi-generational approach

Information not available

Will the work primarily take place in the Twin Cities seven-county metropolitan area (Anoka, Carver, Dakota, Hennepin, Ramsey, Scott and Washington) and serve clients primarily from that area? Please provide specific locations below.

Section 5: Proposal Information

Project Name: *Feel free to update this if needed!* maximum of 70 characters.

Amount requested:

What focus area best fits your proposal?

Health

Safety

Shelter

Education

Economic Stability

Other

Is this request for general operating support or project support? *Please note: general operating support is defined as support of a nonprofit organization rather than a specific project or program. If you are applying for project support, a project budget and an organization budget is required.*

General operating support

Project support

Please provide a brief description of your proposal. maximum of 2000 characters.

Describe the opportunity, challenges, issues or needs you have identified as the focus for this funding request. maximum of 3000 characters.

Describe your implementation plan, including milestones and timeline, to meet the opportunity, challenges, issues or needs you described above. maximum of 2000 characters.

Have you received funding from WCA Foundation? Yes/No/Uncertain. There is no penalty if this information is uncertain or unknown.

Section 6: Evaluation Information



How will the proposed activities be measured for success? Include quantitative and qualitative measures. maximum of 1500 characters.

How will you know if you are successful in meeting your project goal(s)? maximum of 1400 characters.

What internal and/or external risk exist that could impact the success of this project? maximum of 2000 characters.

Section 7: Confirmation & Signature

By checking this box, the applicant confirms that the organization's senior most leadership has approved submission of this application and certifies that all of the information is true and accurate. In addition, this person agrees to the terms of the grant, including submitting a final evaluation, if approved.

Name

Title