



# WCA Foundation 2025 Project Investments Grant Round

## REQUEST FOR PROPOSALS

### OVERVIEW

*The WCA Foundation, a Signature Fund of the Minneapolis Foundation, is pleased to announce its 2025 Project Investment grant round. WCA will accept grant applications from November 19, 2024, through 1 p.m. on December 19, 2024.*

The WCA Foundation is a volunteer-led grantmaking organization whose mission is “Women changing the lives of women.” Its members, all local women, are committed to learning about and responding to the most urgent needs of women in communities across the Minneapolis-St. Paul metro area. They contribute their time, talent, and care to advance the foundation’s mission and engage in participatory grantmaking.

### What We Will Fund

The WCA Foundation seeks proposals from nonprofit organizations based in the Twin Cities metro area for projects or programs that advance its members’ shared commitment to a world where all women thrive. WCA will consider requests for projects or programs delivering direct services that address the fundamental needs of women in the focus areas of health, economic stability, shelter, safety, and education. Requests should be for initiatives that provide targeted support for adult women (ages 18+).

These grant guidelines reflect the WCA Foundation’s [Strategic Framework](#) and its dedication to partnering with nonprofits to facilitate community-directed solutions.

In this grant round, the WCA Foundation will invest between \$515,000 and \$685,000. Grants will range from \$10,000 to \$30,000 and will be awarded to roughly 20 to 25 organizations.

### Eligibility

This funding opportunity is open to 501(c)(3) nonprofits with public charity tax determinations. Grant applicants must maintain direct responsibility for the work for which they are requesting funds. (Requests from fiscal agents or fiscal sponsors will not be considered.)

Applicant organizations must be based in the Twin Cities seven-county metropolitan area—Anoka, Carver, Dakota, Hennepin, Ramsey, Scott, and Washington counties—and primarily serve clients from this area.

WCA will not fund charitable activities that promote a religion or require participation in a religion as a condition for receiving services. However, grants may be made to faith-based organizations for non-religious purposes, if other eligibility criteria are met.

WCA will not make grants to organizations requesting funds for either pro-life or pro-choice projects.

Organizations may submit only one request per grant cycle.



Note to current grantees: Organizations that received 2024 Project Investments grants are eligible to request funding. Recipients of 2024-2025 Multi-Year General Operating Pilot Program grants are not eligible to request funding.

The WCA Foundation has supported a diverse range of organizations in recent years. More information about previous grant rounds is available here: [Projects 2024](#), [Spring 2023](#), [Fall 2022](#), [Spring 2022](#), and [Fall 2021](#).

### **Application Process**

We will begin accepting applications on November 19, 2024. All applications must be submitted by 1 p.m. on December 19, 2024. We do not accept late or emailed applications. Incomplete applications, including those with missing or incorrect required documents, will not move forward for funding consideration. All applicants will be notified of funding decisions by May 30, 2025.

All applications must be submitted online. If you are applying for a grant from WCA Foundation for the first time, you will need to set up an account in the Minneapolis Foundation's online portal, GranteeView.

We strongly encourage each individual grant writer to create their own account. (Multiple accounts can be linked to the same organization.) Please do not share individual accounts. Taking these steps will help ensure that your organization receives timely notification of funding decisions.

Before completing the online application, we recommend that you review the Application Preview Worksheet below and use it to draft responses.

### **Questions**

If you experience technical problems or need help accessing our online portal, please contact our Grants Administration team at [grantsadministration@mplsfoundation.org](mailto:grantsadministration@mplsfoundation.org) or 612-672-8665. Please email Julia Ruther at [jruther@mplsfoundation.org](mailto:jruther@mplsfoundation.org) with questions related to the content of your proposal. Please allow one to two business days for responses from our staff.



# APPLICATION PREVIEW WORKSHEET

## GETTING STARTED

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		<a href="#">Details</a>	<a href="#">Upload</a>
List of Board of Directors	Not Yet Uploaded	Yes	Please include positions and titles		<a href="#">Details</a>	<a href="#">Upload</a>
Organization Budget	Not Yet Uploaded	Yes	Click the Details link to provide a organization budget that outlines income and expense.		<a href="#">Details</a>	<a href="#">Upload</a>
Project Budget	Not Yet Uploaded	No	REQUIRED for Project Requests		<a href="#">Details</a>	<a href="#">Upload</a>
List of Other Funders	Not Yet Uploaded	Yes	List of other funding sources either confirmed or requested that have been identified for this proposal.		<a href="#">Details</a>	<a href="#">Upload</a>
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.		<a href="#">Details</a>	<a href="#">Upload</a>
990s	Not Yet Uploaded	Yes	Copy of your most recent 990s.		<a href="#">Details</a>	<a href="#">Upload</a>

**\*Please submit a PDF and not an Excel spreadsheet. Please do not submit your full audit.**

### 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 updated information.

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](mailto: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 1,000 characters)

Please enter your organization's current annual budget.

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

If yes, please provide the year(s).

## **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 updated information.*

## **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		<a href="#">Edit</a>
American Indian or Native American		<a href="#">Edit</a>
Asian		<a href="#">Edit</a>
Black or African American		<a href="#">Edit</a>
Hispanic or Latinx		<a href="#">Edit</a>
Native Hawaiian or Pacific Islander		<a href="#">Edit</a>
White/Caucasian/European		<a href="#">Edit</a>
More than one race/ethnicity		<a href="#">Edit</a>
Identify in another way		<a href="#">Edit</a>
Prefer not to answer		<a href="#">Edit</a>
Information not available		<a href="#">Edit</a>

Senior leaders by gender	TOTAL	ACTIONS
Woman		<a href="#">Edit</a>
Man		<a href="#">Edit</a>
Identify in another way		<a href="#">Edit</a>
Prefer not to answer		<a href="#">Edit</a>
Information not available		<a href="#">Edit</a>

Senior leaders by age	TOTAL	ACTIONS
40 and younger		<a href="#">Edit</a>
41 and older		<a href="#">Edit</a>
Prefer not to answer		<a href="#">Edit</a>
Information not available		<a href="#">Edit</a>

**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

Please provide a brief description of your proposal. (Maximum of 2,000 characters)



Describe the opportunities, challenges, issues, or needs you have identified as the focus for this funding request. (Maximum of 3,000 characters)

Describe how this request provides targeted support for the basic needs of adult women (ages 18+). (Maximum of 1,500 characters)

Describe your implementation plan, including milestones and timeline, to meet the opportunity, challenges, issues, or needs you described above. (Maximum of 2,000 characters)

**Section 6: Evaluation Information**

How will the proposed activities be measured for success? Include quantitative and qualitative measures. (Maximum of 1,500 characters)

How will you know if you are successful in meeting your project goal(s)? (Maximum of 1,400 characters)

What internal and/or external risks exist that could impact the success of this project? (Maximum of 2,000 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