Minnetonka Family Collaborative 2027 - 2028 Grant Application

Date of application: _____

ORGANIZATION INFORMATION

Name of Organization: _____ Website: _____

Name of Contact Person Regarding this Grant: _____

Address: _____ City _____ State _____ Zip _____

Phone: _____ Fax: _____ Email: _____

Is your organization an IRS 501(c)(3) or 501 (c)(6) not-for-profit? ____ *Yes* ____ *No*
If no, is your organization a public agency/unit of government? ____ *Yes* ____ *No*
If no, list name and address of fiscal agent: _____

PROPOSAL INFORMATION

Project Title: _____

Project Start – End Dates: _____

Dollar Amount Requested: _____
Total Project budget (for support other than general operating): _____
If full funding is not awarded, would you accept partial funding?: _____

Brief project description that concisely addresses program alignment with the Minnetonka Family Collaborative Vision/Mission: *(10 points)*

Demonstrate how this project will address the needs and directly service the children and families within the Minnetonka Public School District geographic boundaries, ***including the number of students that your project will impact:*** *(25 points)*

Who is your contact within the Minnetonka Public Schools to make sure your audience is reached?

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Do you have a minimum of $1 million liability insurance coverage? Yes No

Select all goals that fit your grant proposal: *(2 points for each goal, 10 possible)*

- **Children's mental health** (0-21) – help children and youth have full access to resources and credentialed support services with a focus on those families and children with the least access currently.
- **Early childhood** (0-5) – help provide outreach, screening, service coordination, and other interventions to support the healthy development of children and youth, with a focus on supporting those with the least resources.
- **Academic success** – help address identified barriers to academic success by supporting system-based responses for school-aged children (i.e.: truancy, attendance, nutrition, out-of-school supports, etc.)
- **Underage substance use** - reduce underage alcohol and drug use by school-aged children.
- **Develop and strengthen stakeholder partnerships -** act as a strategic community resource supporting the well-being of youth and families within the Minnetonka School District boundaries.

Who do you plan to serve?
Total # of individuals within the Minnetonka Public Schools:
(please indicate a numerical value)

Children ages 0 – 5 _____

Children ages 5 – 21 _____

Elementary age children _____

Middle School age children _____

High School youth _____

GRANT CONTACT

Print Name: _____ Title: _____

Signature: _____ Date: _____

PROPOSAL NARRATIVE

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I. Organization Information (5 points)

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 key staff.
D. Your organization's relationship with other organizations working with similar missions. What is your organization's role relative to these organizations? What working collaborative efforts are in place in regards to this project?

II. Purpose of Grant *(25 points)*

Situation

a. Based on the Minnetonka Family Collaborative goals listed on page two, what opportunities, challenges, issues or need is your proposal addressing?
b. How was your focus determined and who was involved in that decision-making process?

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. How will the proposed activities benefit the children and families within the Minnetonka Public School geographic area? How will you reach these children and the families? Be as clear as you can about the impact you expect to have.

III. Evaluation *(15 points)*

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 *(10 points)*

1. Finances
   - Project Budget, budget narrative, including income and expenses.
   - If applicable, list any 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.
3. A copy of your current IRS determination letter (or your fiscal agent's) indicating tax-exempt 501(c)(3) status.

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PROJECT BUDGET

This format is optional. If you already prepare a project budget, feel free to submit it in its original form. If you deem necessary, attach a budget narrative explaining your numbers.

INCOME

Source	**Amount**
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	**$**

EXPENSES

Item	**Amount**	**%FT/PT**
Salaries and wages (breakdown by individual position and indicate full- or part-time.)	$	
	$	
	$	
SUBTOTAL	$	
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)	$	

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Total Expense	**$**
Difference (Income less Expense)	**$**

If you received funding from the Minnetonka Family Collaborative in program year 2026– 2027 please provide a summary of progress towards your stated goals. Please include information on goals, activities and number of individuals served or numbers of services/presentations provided.

Note: After reviewing grant proposals, the Grant Evaluation Team reserves the right to request additional information from any organization for further evaluation and review.