GRANT PRE-APPLICATION GUIDELINES & PROCEDURES



Dedicated to community vitality since 1944

12 Elton Hills Drive NW Rochester, MN 55901 (507) 424-2417 Fax (507) 282-4938

www.rochesterarea.org

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INTRODUCTION

The Foundation has been serving the greater Rochester area as a community foundation since 1944. It is a tax-exempt, private nonprofit organization that receives gifts from individuals, families, corporations, private foundations, and governmental agencies. These gifts are carefully invested for maximum return and growth. The income from the endowment is used to assist the community in addressing current and emerging needs.

Grant Program Guidelines

Grantmaking Goals

The Foundation is committed to assuming a leadership role in grantmaking to address community concerns for which sufficient resources currently do not exist. This leadership role includes:

- 1) Developing and implementing a grants program focused on key community needs.
- 2) Convening diverse constituencies to facilitate dialogue and ideas on important issues.
- 3) Acting as a catalyst to stimulate public-private initiatives and to leverage Foundation funds for maximum impact.

Eligibility

Pre-application will be considered from organizations whose projects are designed to benefit the residents of the greater Rochester area. Those eligible include:

- I) Tax exempt 501(c) (3) organizations.
- 2) Units of government (cities, townships, county).
- 3) Government created organizations (public agencies).
- 4) Organizations represented by a fiscal agent.

Priorities

The Board of Trustees will seek input from the community and may adjust or modify its focus as as appropriate to assure grantmaking goals continue to meet the community's emerging needs. If you have questions about your project's compatibility with the Foundation's mission and priorities, please contact the Foundation staff for assistance.

Screening Criteria

Grant pre-applications will be scored using the following criteria: Creativity/Innovation, Community Impact, Feasibility, Collaboration, Financial Plan, Leadership, Alignment with Rochester Area Foundation Priorities, and Overall Impression. The scoring matrix can be found at the end of this pre-application. Incomplete applications will not be considered.

Required Attachments

Please e-mail the following documents when submitting your grant pre-application. If e-mail is not an option you may mail it to the Foundation.

- Current Board of Directors/governing body member list and their respective organizations/affiliations
- Staff list
- The completed pre-grant application narrative section may be expanded as needed up to **3 pages total**. Please do not include information that is not requested.

Time-Lines

The Foundation has two grant cycles per year. Pre-application must be received at the Foundation office by midnight on the due dates listed below for the respective grant cycle. Receipts will be acknowledged and you will be notified of your application status within four weeks following the pre-application deadline. Applicants whose pre-applications qualify for further consideration will be asked to submit a final grant application.

Applicants should not assume any funding commitment if the Foundation asks for a final grant application.

The following time-lines are provided to assist with your planning:

	<u>Cycle</u> I	<u>Cycle 2</u>
* Pre-Application Due	January I	August I
* Foundation Notification	January	August
* Grant Application Due	February	September
* Funding Decision Notification	March	October

Restrictions

In general, the Rochester Area Foundation does not award grants to the following:

- * Individuals
- * Endowments * Religious Activities
- * Annual Campaigns
- * Replacement of Government Funding

* Political Activities

- * Ongoing General Operating Funds * Deficit Funding
- * Proposals That Duplicate Existing Services

Questions/Assistance

Please contact:

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ROCHESTER AREA FOUNDATION

PRE-APPLICATION FOR GRANT PROGRAM

Date of application: ____

	General Information				
Name of organization		Date Established			
Address		City, State, Zip			
Phone		Fax			
Contact Person	Title	E-mail			
Project Director	Title	E-mail			
		From To			
Total Project Budget	Amount Requested	Project Duration (MM-DD-Y	(YY)		
	Agency Infor	mation			
· · ·	ing numerical estimates for last y	, 			
Principal geographic area c	of service:	, 			
Principal geographic area c Organization's fiscal year:_	of service:	, 			
Principal geographic area c Organization's fiscal year:_ Total operating expenses f Has the governing board a race, religion, sex or nation Does organization have FE	of service: For the past fiscal year \$ pproved a policy which states tha nal origin? Yes No DERAL tax exempt status? Yes_	budget for current year \$ t the organization does not discriminate No Tax ID #:	as to age		
Principal geographic area of Organization's fiscal year:_ Total operating expenses f Has the governing board a race, religion, sex or nation Does organization have FE If no, please explain:	of service: For the past fiscal year \$ pproved a policy which states tha nal origin? Yes No DERAL tax exempt status? Yes_	budget for current year \$ t the organization does not discriminate No Tax ID #:	as to age		
Principal geographic area of Organization's fiscal year:_ Total operating expenses f Has the governing board a race, religion, sex or nation Does organization have FE If no, please explain: If no, does organization h Has request been authoriz	of service: For the past fiscal year \$ pproved a policy which states tha nal origin? Yes No DERAL tax exempt status? Yes_	budget for current year \$ t the organization does not discriminate No Tax ID #: No (enclose a copy of the fiscal agent a g body?	as to age		

Project Information

I. Briefly describe the project:

2. Describe the need your project will address. What are the dimensions and scale of the need? How have you documented this? If successfully implemented, how will the project impact the community?

3. What other organizations/community leaders did you involve in planning the project? What would their involvement be in carrying out the project? Please describe how the collaboration will deliver services.

4. What outcome goals have you established for the project?

5. How will the project be administered? Please describe the experience of the board and management staff that will support the success of this project.

Name of Organization:___

Financial Information

 Total grant request: 	\$
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2. Line item detail for grant expenditure (total should equal sum listed in #1 above):

Description	Amount	Descripti	on	Amount
Total grant expenditure: \$				
Other sources of support:				
Source	<u>Secured</u>	<u>Pending</u>		<u>Amount</u>
			Total \$	
Total cost of project: \$				

For ongoing projects, please describe the financial plan to sustain the project. Discuss funding sources that are unsecure and the plan to obtain support. Please discuss contingency plan if funding is not secure.

Pre-application Screening Criteria

Grant pre-applications will be scored using the following rating system and criteria:

I point=Below Expectations 3 5 points=Exceeds Expectations

Creativity/Innovation

- 5: Project design and/or delivery is new to the community; has potential to address need at lower cost and/or address root cause(s) that create need.
- I: Expansion of existing project.

Community Impact

- 5: If successfully implemented, project has the potential to be transformative within project target area.
- I: Will have minimal impact on project target area.

Feasibility

5: Agency has capacity; proposed budget is sufficient to meet goals; diverse funding support is probable; low risk of failure.

I: Agency has no or minimal track record with proposed budget; budget does not appear adequate to meet goals; Foundation is looked to be majority funder; or risk of failure is medium to high.

Collaboration

- 5: Project planning and delivery involves multiple agencies which strengthens application.
- I: Project involves only applicant agency in planning and delivery.

Financial Plan

- **5:** Well thought out financial plan that shows how project will be sustained after first year. Financial resources are secured or highly probable for three years.
- I: Financial plan relies on funding that is unsecured; agency has few resources and no contingency plan if funding falls short.

Leadership

- **5:** Strong board of directors; board is representative of community; management staff have experience to implement project.
- I: Board of directors is inexperienced in governing; management staff is new or there are key vacancies waiting to be filled.

Alignment with Rochester Area Foundation Priorities

- **5:** Proposed project supports attainment of the mission of the Foundation.
- I: Proposed project is outside of any of RAF's mission.

Overall Impression

- 5: Proposed project is clearly described; need for project is compelling; outcomes are clearly defined and processes to measure are outlined.
- I: Difficult to understand what is being proposed; need for project has not been documented; and/or outcomes are not measurable.