**2017 LOI and Full Proposal Questions**

**Letter of Inquiry Questions**

1. Program name
2. Requested amount
3. Requested grant period from\_\_\_\_ to \_\_\_\_
4. Organization budget total
5. Project budget
6. Name of Chief Executive Officer
7. Number of people on the organization’s Board of Directors
8. Percentage of people of color on the organization’s Board of Directors
9. Is this a minority or woman-run organization?
10. Does the organization have a policy which states that it does not discriminate against age, race, religion, gender, sexual orientation, disability or national origin?
11. Name of primary contact person for this request
12. Primary contact person’s phone number
13. Primary contact person’s e-mail address
14. When are funds needed? (MM/YYYY)
15. Select county served (Milwaukee, Ozaukee, Washington or Waukesha County)
16. Please select the program area that best corresponds to your project (Aging and Older Adults, Arts and Culture, Arts Education, Business Development/Entrepreneurship, Community Development, Environment, Financial Capability, Food/Shelter, Medical/Behavioral Health Services, Medical Research, Religion/Faith Based, Strengthen Education, Strengthen Neighborhoods, Workforce Development)
17. Project description (Describe the purpose of the project. Explain the need to be addressed and how it was identified. Describe collaboration with other organizations. Include target population's role in project design. (400 words allowed))
18. Organizational capacity (Briefly describe your organization's capacity to deliver the proposed project. (150 words allowed))
19. Project evaluation (Briefly describe how the project will be evaluated. Include timeline, goals and outcomes. (150 words allowed))
20. Budget narrative (Describe the use of funds requested and other funding sources)
21. Upload project budget

**Full Proposal Questions**

1. Organization's total operating budget for the past fiscal year
2. Number of full-time equivalent people on the organization's staff
3. The percentage of full-time equivalent people of color on the organization's staff
4. Board Diversity:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | American Indian / Native American | Asian American / Pacific Islander | Black / African American | White | Latino |
| Number of |  |  |  |  |  |
| Percentage of |  |  |  |  |  |

1. Amount requested
2. Explain the need for and significance of the project. (300 words allowed)
3. Outline the strategy, methodology and timeline to be used in the development and implementation of the project. (300 words allowed.)
4. Describe the evaluation process and how the results will be measured. (300 words allowed)
5. List the organizations you are collaborating with on this project and describe how the collaboration will take place. (300 words allowed)
6. Describe the status of pending request(s) to other revenue sources. (300 words allowed)
7. Describe plans for ensuring continued funding after the grant period. (300 words allowed)
8. Explain how the GMF funding that you are requesting in this application will be used (300 words allowed)
9. Budget Detail
10. Please use this space to enter budget narrative information. Explain any expenses in the Other category.(150 words allowed)
11. The next few sections are project/program related questions.

Please complete the next few sections with estimated numbers about the population you anticipate serving. If the funding requested is for capital/equipment, please enter "0" in each section and complete the Outcomes Questions.

Population directly served by projectPopulation indirectly served by project

1. Age group of population being served

|  |  |
| --- | --- |
|  | Enter the #s you anticipate serving through this project |
| Birth – Age 5 |  |
| Children & Young Adults (6-17) |  |
| Adults (18-65) |  |
| Seniors (65+) |  |
| Total |  |

1. Gender of population being served

|  |  |
| --- | --- |
|  | Enter the #s you anticipate serving through this project |
| Male |  |
| Female |  |
| Total |  |

1. Race/Ethnicity of population being served

|  |  |
| --- | --- |
|  | Enter the #s you anticipate serving through this project |
| American Indian / Native American |  |
| Asian American / Pacific Islander |  |
| Black / African American |  |
| White |  |
| Latino |  |
| Total |  |

1. Income Level of Population to be served

|  |  |
| --- | --- |
|  | Enter the #s you anticipate serving through this project |
| Income level <200% of poverty level |  |
| Income level >200% of poverty level |  |
| Total |  |

1. Special populations to be served

|  |  |
| --- | --- |
|  | Enter the #s you anticipate serving through this project |
| With Disabilities |  |
| At-Risk Youth |  |
| Homeless |  |
| LGBT |  |
| Abused |  |
| Total |  |

1. Counties to be served

|  |  |
| --- | --- |
|  | Enter the #s you anticipate serving through this project |
| Milwaukee County |  |
| Ozaukee County |  |
| Washington County |  |
| Waukesha County |  |
| Total |  |

1. Outcomes Question

|  |  |  |
| --- | --- | --- |
|  | Enter each outcome | Enter # of clients you anticipate serving (“0” if no population is directly served) |
| 1 |  |  |
| 2 |  |  |
| 3 |  |  |
| 4 |  |  |
| 5 |  |  |
| 6 |  |  |

1. Proposals are considered incomplete if the following documents have not been submitted, preferably via email to CIAdmin@greatermilwaukeefoundation.org on or before the due date: - Year to date income and expense statement and balance sheet; - Most recent Form 990; - Most recent audited financial statements and notes