**2018 Cycle 3 LOI and Full Proposal Questions**

**Letter of Inquiry Questions**

1. Project title
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: Health, Basic Needs or Environment
17. Project description. Describe the purpose of the project. Explain the need to be addressed and how it was identified. (200 words allowed)
18. Provide a brief demographic description of population served by this project. Please include approximate number to be served, age group, gender and race/ethnicity.
19. Describe the difference you intend the project to make for the population served?
20. Was the project informed directly by the people you think will benefit from it? Please explain (100 words)
21. Describe ow and with whom will the organization collaborate with on this project. (200 words allowed)
22. Organizational capacity (Briefly describe your organization's capacity to deliver the proposed project. (150 words allowed))
23. Briefly describe the goals and objectives for this project. (200 words allowed)
24. Explain the use of funds requested. (100 words allowed)
25. Upload project budget include revenue and expenses.

**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 – create chart for staff that mirrors what’s used for board diversity.
4. Board & Staff Diversity:

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | American Indian / Native American | Asian American / Pacific Islander | Black / African American | White | Latino | Two or more |
| Number of Board members |  |  |  |  |  |  |
| Percentage of Board members |  |  |  |  |  |  |
| Number of Staff |  |  |  |  |  |  |
| Percentage of Staff |  |  |  |  |  |  |

1. Amount requested
2. Please describe how the project is a catalyst for advancing racial equity and inclusion in the greater Milwaukee area. Racial Equity and Inclusion means equal access and opportunity for all people, so all can reach their full potential and are no more likely to encounter barriers or benefits based on race or ethnicity. (200 words)
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. Describe the status of pending request(s) to other revenue sources. (300 words allowed)
6. Describe plans for ensuring continued funding after the grant period. (200 words allowed)
7. Budget Detail
8. Please use this space to enter budget narrative information. Explain any expenses in the Other category.(150 words allowed)
9. 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