**2018 Cycle 2 Responsive Grantmaking LOI and Full Proposal Questions**

**Letter of Inquiry Questions**

1. Project title
2. Project budget
3. Requested amount
4. Requested grant period from\_\_\_\_ to \_\_\_\_
5. Organization’s current fiscal year operating budget
6. Name of Chief Executive Officer
7. Chief Executive Officer title
8. Chief Executive Officer’s e-mail address
9. Number of people on the organization’s Board of Directors
10. Percentage of people of color on the organization’s Board of Directors
11. Is this a minority or woman-run organization?
12. Does the organization have a policy which states that it does not discriminate against age, race, religion, gender, sexual orientation, disability or national origin?
13. Name of primary contact person for this request
14. Primary contact person’s phone number
15. Primary contact person’s e-mail address
16. Select county served (Milwaukee, Ozaukee, Washington or Waukesha County)
17. Please select the program area that best corresponds to your project (Arts and Culture, Community Development, Health)
18. Please select new project or existing project
19. Describe the purpose of the project. Explain the need to be addressed and how it was identified. (200 words allowed)
20. Describe target population (70 words allowed)
21. Describe the anticipated community impact of the project. (100 words)
22. Organizational capacity (Briefly describe your organization's capacity to deliver the proposed project. (150 words allowed)
23. Outline the timeline to be used in the development and implementation of the project. (150 words)
24. Explain how the requested funds will be used. (100 words allowed)
25. Upload project budget include other committed funding sources.

**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 | Two or more |
| Number of |  |  |  |  |  |  |
| Percentage of |  |  |  |  |  |  |

1. Amount requested
2. Describe how the project will be evaluated. Include outcomes and goals (300 words allowed.)
3. Describe the artist selection process, if applicable. (100 words allowed)
4. List the community organizations and/or artists that will be involved in the project, and describe their roles. (300 words allowed)
5. Explain how the project advances racial equity and inclusion. (200 words)
6. Describe the status of pending request(s) to other funding sources. (300 words allowed)
7. Describe plans for ensuring continued funding after the grant period. (100 words allowed)
8. Budget Detail
9. Please use this space to enter budget narrative information. Explain any expenses in the Other category.(150 words allowed)
10. 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 |  |
| Two or more races/ethnicities |  |
| 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