**2018 Third Cycle Basic Needs – Capital Improvement Projects Questions**

The Greater Milwaukee Foundation is seeking proposals from food pantries, food banks, community gardens, meal sites and shelters for capital improvement projects. The goal of capital improvement projects is to improve food service and shelter operations and facilities to meet the basic needs of individuals and families.

**Grant Application Questions**

Listed below are the application questions. Use this list to prepare your answers prior to working through the application.

1. Project title:
2. Provide a description of the project. If proposing leasehold improvements, indicate the length of your current lease agreement. (300 words allowed)
3. Requested amount:
4. Project budget:
5. Project start date (MM/YYYY):
6. Project end date (MM/YYYY):
7. When are funds needed? (MM/YYYY):
8. Name of Chief Executive Officer
9. Chief Executive Officer’s title:
10. Chief Executive Officer’s e-mail address:
11. Project contact person's name:
12. Project contact person's title:
13. Project contact person's phone number:
14. Project contact person's email address:
15. Organization's total operating budget for past fiscal year:
16. Organization's total operating budget for current fiscal year:
17. Is this a minority or woman-led organization?
18. What is the percentage of people of color on your Board?
19. How many full-time equivalent people are on your staff?
20. What is the percentage of full-time equivalent people of color on your staff?
21. Does the organization have a policy which states that it does not discriminate against age, race, religion, gender, sexual orientation, disability or national origin?
22. List names of current board members:
23. Board & Staff Diversity:

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

1. Explain the issue or need to be addressed, the significance of the need and its impact on current services (explain the evidence demonstrating the importance of this issue or need). (300 words allowed)
2. How will the capital project expand or complement existing service capacity? (200 words allowed)
3. 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 allowed)
4. Provide a brief description of the population served by this project. (70 words allowed)
5. Describe the difference you intend the project to make for the population served? (100 words allowed)
6. Was the project informed directly by the people you think will benefit from it? Please explain. (100 words allowed)
7. Describe the organization’s capacity to deliver the project. (300 words allowed)
8. Describe what the funds will specifically be used for. Indicate whether the project is for remodeling existing facilities or to purchase equipment. (300 words allowed)
9. Provide a project timeline. (300 words allowed)
10. Confirm that all regulatory approvals for the project are in place or provide timetable for approval (zoning, environmental impact, certificate of need, historic preservation, etc.), if applicable. (300 words allowed)
11. What is your organization’s plan to ensure positive neighborhood relations so that your building and/or services is an asset to the surrounding neighborhood? (300 words allowed)
12. For remodeling projects, delineate the physical construction (square footage and cost per square foot, scope of work, program spaces to be contained in the building, etc.). (300 words allowed)
13. For remodeling projects, have you secured at least two bids or was the cost negotiated? (200 words allowed)
14. For equipment projects, describe the equipment to be repaired or purchased. (200 words allowed)
15. For equipment projects, what is the basis for the cost of the equipment? (200 words allowed)  
    For equipment projects, if estimated, what is the basis for the estimate? Is installation included? If not, what is the cost of installation? (150 words allowed)
16. For equipment projects, how will you maintain the equipment? (150 words allowed)
17. For equipment projects, does the equipment require staff to be trained, and if so, how will you secure this training? (100 words allowed)
18. Describe the impact the proposed project will have on your operating budget. (150 words allowed)
19. Describe the status of pending request(s) to other revenue sources. (300 words allowed)
20. Describe the expected outcomes and procedures to measure progress toward goals. (300 words allowed)
21. Please complete the budget form and narrative. Explain any expenses in the Other category. (150 words allowed)
22. The next few sections are project/program related questions.

Please complete the next few sections with estimated numbers about the population you anticipate serving.

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](mailto: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; - Capital budget for project.