

# RICHARD M. SCHULZE FAMILY FOUNDATION

## Application

The Richard M. Schulze Family Foundation is focused on domestic rather than international concerns and is currently prioritizing causes and concerns in and around the counties of Anoka, Carver, Dakota, Hennepin, Ramsey, Scott and Washington in Minnesota and Collier and Lee counties in Florida. Organizations receiving grants from the Foundation must be tax-exempt 501(c)(3) organizations under the Internal Revenue Code. The Foundation will not support political parties, political advocacy, debt retirement or personnel expenses. The Foundation focuses on funding in the areas of human and social services, education, and health and does not, as a rule, provide funding to individuals, arts organizations or support the building of venues for professional or amateur sports.

### Organization Name

*Character Limit: 100*

We are learning that contact information for many of our grantees is out of date and is compromising the delivery of important communication, including delivery of your award check. If you are a past grantee, before you apply again, please update your account information. If you have questions about your account, please call us at 952/324-8910. Thank you!

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### Grant Application

#### Project or Program Name

Please provide the name of the project or program for which you request grant support.

*Character Limit: 100*

Sample

#### Focus Area

Please identify the Foundation focus area related to your grant application.

*Choices: Education; Health; Social/Human Services*

#### Previous Request(s) for Funding

Have you previously applied to the Richard M. Schulze Family Foundation and received funding or have you applied but did not receive funding? Is this the first time you have applied to the Foundation for funding?

*Choices: Yes, previously applied and received funding. Yes, previously applied but did not receive funding. Yes, this is the first time we have applied for funding.*

#### Funding Requested

Please provide the grant amount you are requesting from RMSFF to fund the program named above.

*Character Limit: 20*

#### Program Objectives

Please share at least one, but no more than three, specific and measurable objectives for this program. Your program objective(s) should reflect your use of the S.M.A.R.T. worksheet tool, provided on our web site at [www.schulzefamilyfoundation.org](http://www.schulzefamilyfoundation.org) (under “How to Apply” and “Resources for Organization Grant Writers”).

**S:** Be Specific. Provide a Specific Description of what you will do with RMSFF funding.

**Example:** We will acquire and implement new software to track and report our program's effectiveness.

**M:** Tell us how you intend to Measure the above and its results.

**Example:** Administer pre- and post-program participant surveys on line.

**A:** What you hope to Achieve or Anticipate will be the result of your activity and our funding.

**Example:** Last year only 28% of our participants responded to the survey; we expect a 50% increase in our participant response rate due to new software and on-line survey.

**R:** What Resources - time, money, staff, partnership - will you need in addition to our funding to achieve your objective?

**Example:** Partnership with an outside organization to help with software implementation and training.

**T:** What's the projected Timeline you have in mind to achieve this specific program objective?

**Example:** Activity will begin in late spring and be completed by the fall of 2016 in time to collect summer program participant feedback.

**Combined Example:** Program Objective #1 – By fall of 2016, our participant survey response rate will increase from 28% to over 50% as a result of acquiring and implementing new software, staff training, a partnership with our software vendor and the resulting convenience of an on-line survey for our program participants.

## What are your S.M.A.R.T. objective(s) for this program?

### Program Objective #1:

*Character Limit: 1000*

#### Project/Program Service Category 1

Please indicate the service category that best describes what funding for the above objective will support.

Choose only one. Detailed category descriptions can be found on our website.

*Choices:* Adult Education Programs and Services (Education); Children's and Family Services (Human Services); Diseases, Disorders and Disciplines (Health & Medicine); Domestic Abuse (Human Services); Early Childhood Programs and Services (Education); Education Policy and Reform (Education); Food Banks, Food Pantries and Food Distribution (Human Services); Homeless, Shelter & Crisis Services (Human Services); Mental Health (Human Services); Multipurpose Human Services Organization (YMCAs, YWCAs, Red Cross, etc.) (Human Services); Patient and Family Support (Health & Medicine); Scholarship and Financial Support (Education); Social Services (not Multipurpose Orgs) (Human Services); Special Education (Education); Treatment and Prevention Services (Health & Medicine); Youth Development (Human Services); Youth Education Programs and Services (Education); Other.

### Program Objective #2:

*Character Limit: 1000*

#### Project/Program Service Category 2

Please indicate the service category that best describes what funding for the above objective will support.

Choose only one. Detailed category descriptions can be found on our website.

*Choices:* Adult Education Programs and Services (Education); Children's and Family Services (Human Services); Diseases, Disorders and Disciplines (Health & Medicine); Domestic Abuse (Human Services); Early Childhood Programs and Services (Education); Education Policy and Reform (Education); Food Banks, Food Pantries and Food Distribution (Human Services); Homeless, Shelter & Crisis Services (Human Services); Mental Health (Human Services); Multipurpose Human Services Organization (YMCAs, YWCAs, Red Cross, etc.) (Human Services); Patient and Family Support (Health & Medicine); Scholarship and Financial Support (Education); Social Services (not Multipurpose Orgs) (Human Services); Special Education (Education); Treatment and Prevention Services (Health & Medicine); Youth Development (Human Services); Youth Education Programs and Services (Education); Other.

### Program Objective #3:

*Character Limit: 1000*

### Project/Program Service Category 3

Please indicate the service category that best describes what funding for the above objective will support. Choose only one. Detailed category descriptions can be found on our website.

*Choices:* Adult Education Programs and Services (Education); Children's and Family Services (Human Services); Diseases, Disorders and Disciplines (Health & Medicine); Domestic Abuse (Human Services); Early Childhood Programs and Services (Education); Education Policy and Reform (Education); Food Banks, Food Pantries and Food Distribution (Human Services); Homeless, Shelter & Crisis Services (Human Services); Mental Health (Human Services); Multipurpose Human Services Organization (YMCAs, YWCAs, Red Cross, etc.) (Human Services); Patient and Family Support (Health & Medicine); Scholarship and Financial Support (Education); Social Services (not Multipurpose Orgs) (Human Services); Special Education (Education); Treatment and Prevention Services (Health & Medicine); Youth Development (Human Services); Youth Education Programs and Services (Education); Other.

### Impact

What impact will this program have on the community served? (Please refer to your LOI answer to this question for consistency.)

*Character Limit: 1500*

### Additional Funders and Funding Strategies

Please list the names of corporations and foundations from which you are requesting funds for this program. Include dollar amounts, indicating which sources are committed and which are pending. Please also briefly outline the organization's long-term funding strategies for this program.

*Character Limit: 2500*

### Staff

Please provide the names of board members and officers, with their professional affiliations, and numbers of full-time paid staff, part-time staff and volunteers.

*Character Limit: 2000*

### Staff information, option

If you'd prefer to upload a document that provides the information requested in the Staff question above, please do so here.

*File Size Limit: 8 MB*

### Program Budget

What is the budget for this program, including income and expenses? If you are submitting a proposal for general operating funding, this question can be disregarded.

*File Size Limit: 8 MB*

### Financial Statement

Please attach the most recent financial statement, audited if available, showing actual expenses.

*File Size Limit: 8 MB*

### Disclosure of Information

Have you read and do you understand and accept the conditions outlined in the Foundation's Disclosure of Information policy on its website at: [www.schulzefamilyfoundation.org](http://www.schulzefamilyfoundation.org) (under "How to Apply" and "Organizations Grant Funding")?

*Choices:* Yes No

Are there any disclosures you feel required to provide such as information surrounding any current litigation your organization faces? If yes, please provide that information here.

*Character Limit: 1500*

# Sample