

2023 Spring Grant Cycle

Richard M. Schulze Family Foundation

Downloading a .doc version of this document for practice/preparation

For your convenience, a .doc version of this LOI form is available on the Resources for Organization Grant Writers landing page on our web site. Downloading this document will allow you to create a draft with aligned word counts that you can then cut and paste into this form when you're ready.

Eligibility Questionnaire

Please carefully read through and answer the eligibility questions below before you start work on the LOI. If you have any questions about the questionnaire, don't hesitate to call the Foundation at 952/324-8910.

Geographic Focus*

The Richard M. Schulze Family Foundation (RMSFF) is focused on domestic rather than international concerns. Is your potential request related to a U.S. domestic concern?

Choices

Yes

No

Minnesota/Florida Focus*

The Richard M. Schulze Family Foundation is currently prioritizing causes and concerns in and around the counties of Anoka, Carver, Dakota, Hennepin, Ramsey, Scott and Washington in Minnesota and Collier, Lee, Hendry, Glades and Charlotte counties in Florida. Does your potential request benefit people who reside in one of these geographic areas? **Requests for grants serving counties other than those listed above are by RMSFF invitation only. Do not continue if your request is for a geographic area other than those above.**

Choices

Yes

No

Tax-Exempt Status*

Organizations receiving grants from the Richard M. Schulze Family Foundation must be tax-exempt 501(c)(3) organizations under the Internal Revenue Code. We are unable to consider

requests from organizations using another nonprofit as its fiscal agent. Does your organization have 501(c)(3) status?

Choices

Yes

No

Request Purpose*

The Richard M. Schulze Family Foundation will not support political parties, political advocacy, debt retirement or endowment. In addition, RMSFF recognizes the essential need for personnel and personnel expenses among our grantee organizations. It is not our intention, however, to make annual grants for the sole purpose of funding new permanent positions within those organizations we support. Our grants are most often annual and there is no guarantee of renewal. Our funding, therefore, is inherently tenuous and, if used to create new positions, could result in great disappointment and hardship to newly hired personnel if not renewed. RMSFF does, on occasion, provide general operating support grants. If a grantee chooses to use some or all of those funds to defray personnel expense, the Foundation has no objection. The Foundation also has no objection to organizations requesting funding for consulting or temporary hires. Is your request for something other than one of these purposes?

Choices

Yes

No

Focus Areas of Foundation*

The Foundation focuses on funding in the areas of Education, Health and Social/Human Services. Is your request related to one or more of these focus areas?

Choices

Yes

No

Focus Areas Not of Interest to Foundation*

The Foundation, as a rule, does not provide funding to individuals, arts organizations or support the building of venues for professional or amateur sports. Is your request unrelated to these funding areas?

Choices

Yes

No

Requesting Funding in the Area of Mental Health?*

Because this is such a large and complex area with rapidly expanding need, the RMSFF board has determined it will provide funding to organizations providing mental health services on an invitation-only basis, partnering primarily with grantees with whom the Foundation has had lengthy and positive relationships. If you are requesting funding in the area of mental health, have you received an invitation from the Schulze Family Foundation to submit an LOI in this

grant cycle? If you are not requesting funding in the area of mental health, please answer this as N/A.

Choices

Yes

No

N/A

Funding for Disease-Specific Organizations*

The Foundation currently accepts requests for funding of disease-specific organizations focused on diabetes, cancer, or neuro-degenerative diseases other than Alzheimer's disease. If the organization for which you are submitting an LOI is disease-specific, does its work focus on one of the disease-specific areas listed above? If the LOI you are submitting is not for a disease-specific organization, please answer N/A.

Choices

Yes

No

N/A

Requesting Funding for a School?*

The Foundation currently accepts LOIs for funding of individual schools on an invitation-only basis. If you are requesting funding on behalf of a school, have you received an invitation from the Schulze Family Foundation to submit an LOI in this grant cycle? If you are not requesting for a school, please answer this as N/A.

Choices

Yes

No

N/A

Eligibility*

Organizations requesting funding from the Richard M. Schulze Family Foundation may apply once per year. The Foundation has two funding cycles per year. Eligible grantees for the 2023 Spring Cycle include those who applied for funding in Spring of 2022 or before. If your organization has applied for funding in the past, was the application submitted during the 2022 Spring Cycle or before? If your organization has never applied for funding from RMSFF, please answer N/A.

Choices

Yes

No

N/A

If you were able to answer "yes" to all of the questions above, please continue and complete the Letter of Inquiry section below. You will receive a response from us within 21 days of submitting the LOI regarding whether you will be invited to submit a grant application.

If you answered "no" to any of the questions above or if you are requesting funding for a school or funding in the area of mental health **and have not received an invitation to do so, do not continue**.

LOI Overview

Please note the Spring Grant Cycle opens on October 17, 2022 and the deadline for submission of a Letter of Intent (LOI) is November 18, 2022.

Project/Program Name*

Please name the specific program for which you'd like funding.

Character Limit: 100

Mission Statement*

Please share your organization's Mission Statement. Or, provide a link to that information on your organization's web site.

Character Limit: 1500

Letter of Inquiry

Answers to the questions that follow have a character limit for our reporting purposes. Please be concise in your answers. If you feel the need to share more than the space provided allows, an opportunity to do so is made available at the end of this questionnaire via document upload. If you are using a Draft/Prep version of this form from our web site, you can copy/paste your draft answers here.

Again, if you are requesting funding for a school or funding in the area of mental health, do not complete this LOI.

Organization History*

Please provide a brief history and description of your organization.

Character Limit: 2000

Organization Changes*

Has your organization experienced any of the following since the last application or grant from RMSFF? (select all that apply)

If your organization has experienced changes, please complete our Update Grantee Contact Information form.

Choices

Merger or name change (please complete Update Contact Information form)
Change in relevant leadership (please complete Update Contact Information form)
No changes

Project/Program Description*

Please provide a description of the project or program for which you seek funding. Note the explanation surrounding requests for funding of personnel expenses intended to hire staff found in the "Request Purpose" question in the Eligibility Questionnaire portion of this LOI.

Character Limit: 2500

Use of Funds Requested*

Describe, in no more than two to three sentences, how the funds requested would be used.

Character Limit: 500

Demographics: Race/Ethnicity*

How would you describe the race and ethnicity of the primary beneficiaries of your services/programs? (Please check all that apply.)

Choices

African American/African/Black
Asian/Asian American
European American/White
Hispanic/Latino
Native American/American Indian/Indigenous
No group accounts for more than 50% of total

Demographics: Income*

How would you describe the income level of the primary beneficiaries of your services/programs? (Choose ONLY ONE FROM THE DROP-DOWN MENU.)

Choices

Very Low Income (below 200% federal poverty level, up to 50% AMI, free & reduced lunch)
Low Income (up to 80% AMI)
Moderate Income (up to 100% AMI)
All Income Levels
Unknown

Demographics: Geography*

What is the geographic reach of your core services and programs? (Please check all that apply.)

Choices

Anoka County (Minnesota)
Carver County (Minnesota)
Dakota County (Minnesota)
Hennepin County (Minnesota)
Ramsey County (Minnesota)
Scott County (Minnesota)

Washington County (Minnesota)
 Charlotte County (Florida)
 Collier County (Florida)
 Glades County (Florida)
 Hendry County (Florida)
 Lee County (Florida)
 Other (please describe below)

If you checked other above . . .

. . . please describe the geographic area your program serves.

Character Limit: 150

Demographics: Other

If there are other key traits (age, gender, cultural group, housing status, etc.) that describe the primary beneficiaries of your programs and services, please note them here.

Character Limit: 1000

Impact*

What impact will this program have on the community served?

Character Limit: 1500

Timeline*

Please provide the timeline for the program. **Please note that our Board will be making funding decisions at the end of April 2023.**

Character Limit: 1000

Focus Area of Request*

Please identify the Foundation's focus area of your LOI request.

Choices

Education
 Health
 Social/Human Services

What SINGLE category best describes the grant request you're proposing?*

Please indicate the service category that best describes the majority of the grant you're proposing. Choose only one. Detailed category descriptions can be found here.

Choices

Adult Education & Workforce Development Programs (Education)
 Children's and Family Services (Human & Social Services)
 Disability and Special Needs Services (Human & Social Services)
 Domestic Violence Support and Prevention (Human & Social Services)
 Early Childhood Programs and Services (Education)
 Food Banks, Food Pantries and Food Distribution (Human & Social Services)
 Homelessness, Shelter & Crisis Services (Human & Social Services)
 Housing (Human & Social Services)

Mental Health (Human & Social Services)
Multipurpose Human Service Organizations (Human & Social Services)
Patient and Family Support (Health & Medicine)
Scholarship and Financial Support (Education)
Special Education (Education)
Treatment and Prevention Services (Health & Medicine)
Youth Development Programs and Services (Human & Social Services)
Youth Education Programs and Services (Education)
Other

Other Classification

If you chose Other in the list above, please provide a brief description of the request you're proposing.

Character Limit: 250

Funding Requested*

What amount would you request if your organization is invited to submit a grant application related to this LOI? Please know it is not typical for the Foundation to be a sole funder of any program.

Character Limit: 20

Fundraising Goal*

What is your total fundraising goal for this program?

Character Limit: 100

Additional Information (Optional)

Feel free to upload a document you believe would be helpful to the Foundation's staff in reviewing and understanding your program. Please upload only one document.

File Size Limit: 25 MB