2025 Fall Grant Cycle

Richard M. Schulze Family Foundation

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

For your convenience, .doc and .pdf versions of this Application form are available on the Resources for Organization Grant Writers landing page on our website. Downloading this document will allow you to create a draft with aligned word counts that you can then copy and paste into this form when you are ready.

Organization Information

Deadline for submission of a 2025 Fall Cycle grant application is May 23, 2025.

Project/Program Name*

Please provide the name of the program or project (not your organization name) for which you seek funding.

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We are learning that contact information for many of our grantees is out of date and is compromising the delivery of important communication, **including the delivery of your award check**. If you are a past grantee, **before you apply again, please confirm the accuracy of your account information (organization name, address, staff contacts) here**. If there are no changes, the update form does not need to be completed. If you have questions about your account, please call us at 952/324-8910. Thank you!

Grant Application

Focus Area of Request

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

Choices
Education
Health & Medicine
Human & Social 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 & Family Services (Human & Social Services)
Disability & Special Needs Services (Human & Social Services)
Diseases, Disorders, and Disciplines (Health & Medicine)
Domestic Violence Support & Prevention (Human & Social Services)
Early Childhood Programs & Services (Education)
Food Banks, Food Pantries, & Food Distribution (Human & Social Services)
Homelessness, Shelter, & Crisis Services (Human & Social Services)
Housing (Human & Social Services)
Mental Health (Health & Medicine)
Multipurpose Human Service Organizations (Human & Social Services)
Patient & Family Support (Health & Medicine)
Post-Secondary Education (Education)
Scholarship & Financial Support (Education)
Special Education (Education)
Treatment & Prevention Services (Health & Medicine)
Youth Development Programs & Services (Human & Social Services)
Youth Education Programs & Services (Education)
Other

Funding Requested*

You have been approved to request the amount shown below.

Character Limit: 20

Is any part of your request a challenge or matching grant?*

Please be sure to consult with your program officer if you are interested in a challenge or matching grant. For more information about these options, please see the Challenge grant or Matching grant pages on our web site.

Choices

Challenge grant
Matching grant
Not applicable

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 website.

Example: <u>Program Objective #1</u> - By fall of 2026, 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.

*If you wish to use the S.M.A.R.T format to help write your measurable objectives, use this worksheet:

(**NOTE:** an award granted for any cycle must be for work completed WITHIN that cycle's timeframe so that it can be measured and reported at the end of the award period. Keep in mind that the grant term, if awarded in this Fall 2025 cycle, would run from September 10, 2025, to September 9, 2026.)

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

Program Objective #1:*
If you are using a Draft/Prep version of this form from our website, you can copy/paste your objective below. Otherwise, just type in your objective in the space provided. *Please remember that objectives should be concisely written and measurable, no more than 2 or 3 sentences in total.
Character Limit: 1000

Additional Information
If you feel it's necessary, please upload a .doc or .pdf document expanding on your S.M.A.R.T. objective.

File Size Limit: 2 MB

Program Objective #2:
If you are using a Draft/Prep version of this form from our website, you can copy/paste your objective below. Otherwise, just type in your objective in the space provided. *Please remember that objectives should be concisely written and measurable, no more than 2 or 3 sentences in total.
Character Limit: 1000

Additional Information
If you feel it's necessary, please upload a .doc or .pdf document expanding on your S.M.A.R.T. objective.

File Size Limit: 2 MB

Program Objective #3:

If you are using a Draft/Prep version of this form from our website, you can copy/paste your objective below. Otherwise, just type in your objective in the space provided. Please remember that objectives should be concisely written and measurable, no more than 2 or 3 sentences in total.

Character Limit: 1000

Additional Information

If you feel it's necessary, please upload a .doc or .pdf document expanding on your S.M.A.R.T. objective.

File Size Limit: 2 MB

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; your answer is shared from your LOI)

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 (MN)
Carver County (MN)

Dakota County (MN)
Hennepin County (MN)
Ramsey County (MN)
Scott County (MN)
Washington County (MN)
Charlotte County (FL)
Collier County (FL)
Glades County (FL)
Hendry County (FL)
Lee County (FL)

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. (This answer is shared from your LOI.)

Character Limit: 1000

Impact

What impact will/did this program have on the community served? (Note: This answer is shared from your LOI.)

Character Limit: 1500

Changes to Impact*

Based on the grant amount you are approved to request, are there changes to your impact statement that you provided in your LOI?

Choices
Yes
No

Changes to Impact

If you answered yes above, please describe the changes.

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 our website here?

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 below.*

Choices

Yes

No

If you answered yes to the question above, please provide that information here or as an attachment below. **If you answered no, please write NA**. *

Character Limit: 1000

If you answered yes to the above question and are providing an attachment, please do so here.

File Size Limit: 5 MB

Thank you for completing this application for funding. We appreciate the care you've taken in responding to the questions on this form and would ask that before you hit the "submit" button you respond to the reminders that follow.

Format of Objective(s)*

Does the objective(s) you wrote align with the S.M.A.R.T. format example (as shown above) and is it specific and measurable?

If your answer is "no," please review and rewrite the objective(s).

Choices

Yes

No

Grant Term*

In the objective(s) included in this application, have you correctly identified the grant period within which outcomes can be measured if a grant is awarded? That grant period begins on September 10, 2025, and concludes on September 9, 2026.

If your answer is "no," please rewrite the objective(s) to reflect the correct grant period.

Choices

Yes

No

If you need help writing the objective(s), please contact RMSFF at 952/324-8910.

Thank you! You'll be contacted after submission of the application by a Schulze Family Foundation program officer to schedule a site visit.

RMSFF Administrative Information

Program Officer Assignment

Please use the drop down list to choose the program officer assigned to this grantee.

Choices

Allar, Berit

Church, Lisa M.

Dienhart, Mark C.

DiMercurio, Ana

Dunker, Barb J.

Friederichs, Marla J.

Geier, Mary Beth

Halverson, Linda

Hamburger, Jill

Hoeppner, Steve A.

Kraft, Brian T.

Lee, Dave

Otto Phillips, Sheila

Webster, Kelly Q.

Zumwinkle, Michael P.