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**Minnesota Common Grant for the MMA Foundation’s Invited Applicants**

Whether you are a funder or grantseeker, [**please read the full Instructions for Use**](https://mcf.org/minnesota-common-grant-0)**.**

**SECTION I. Standard Profile Questions**

Please complete the following information.

**Data About the Organization**

Full Legal Organization Name:

Address: City: State: Zip Code:

Website:

President/Exec. Dir. (Pronouns):

Contact Person (if different) (Pronouns): Title: Phone #: Email:

Year established:

Fiscal year end date: (month and date)

501(c)(3)? Yes/No

EIN #:

Are you using a fiscal sponsor? Please provide: their name, address, EIN, and contact information:

**Data About the Grant Request**

Request to: Minnesota Medical Association Foundation

Date of Application:

Type of support that is being requested: (Capital, Project/program, Other (describe)):

Dollar amount requested:

Length of request (one-year, multi-year, etc.):

**SECTION II. Common Narrative Questions**  
  
**Q1. Request Summary** (Please write a concise response. Most people write about 2 – 3 sentences.)

**Q2. About Your Organization** (Please share the most important information about your organization. Most people write about 3 – 5 paragraphs.)

*Note to applicant: Please share information about your organization. Relevant information could include some of the following:*

* *Your organization’s mission statement*
* *A brief organizational history*
* *Current programs and recent accomplishments or achievements*
* *Recent major changes to financial and/or organizational circumstances*
* *Current goals including any goals around Diversity, Equity, and Inclusion (DEI)*

**Q3. About Your Community** (Please share the most important information about your community. Most people write about 3 – 5 paragraphs.)

*Note to applicant: Please share information about the community where, or with whom, you do your work. Relevant information could include some of the following:*

* *The community opportunity, challenge, issue or need that your organization works to address*
* *Information about the people you serve such as socioeconomic status, race, ethnicity, gender, sexual orientation, age, physical ability, and language*
* *Details about how you work with other organizations, coalitions, or networks*
* *Details about how you listen to/involve constituents, community members, and/or volunteers*

**Q4. About Your Program/Project** (Please share the most important information about your program/project. The maximum response is about three pages.)

*Note to applicant: Please explain the program/project. It is not necessary to restate information answered above. Relevant information could include some of the following:*

* *Describe the project, including all activities, project goals, and the project timeframe*
* *Why you plan to do it (opportunity, challenge, issue or statement of need)*
* *Purpose of the project, including who will benefit*
* *Describe how the project, program, or activity is physician-championed and demonstrate how physicians/MMA members are involved or the potential to engage physicians/MMA members in support of evidence-informed efforts to advance health and health equity.*
* *Who will be impacted by the project (target population, including age, gender, ethnicity, other relevant characteristics)*
* *What does success look like for the goals stated above. How do you track success and how do you know if you’re moving toward it?*

**SECTION IV. Attachments**

*Please attach the following:*

* **Board list with affiliations**
* **Organizational fiscal year operating budget** (income and expenses) for the current year (any format will be accepted); budget should document how many FTE, if any, are included in any salary/benefits expenses.
* **Audit or financial review from most recently completed year** showing actual income and expenses. This information should include a balance sheet, a statement of activities (or statement of income and expenses) and functional expenses. Please provide the most recent Form 990 tax return which may not be publicly available at the time of request.
* **Project budget** (income and expenses), if seeking a project grant, including projected source(s) of income for the grant period.
* ***Sponsor attachments****: If a grantee is using a fiscal sponsor, include sponsor’s budget and audit.*