

# 2021 General Operation Grant

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*Youthprise*

## *Organization Information*

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### **Applying Organization Name\***

Please list the name of the organization eligible to receive funding from Youthprise and that will be legally responsible for administering the grant.

*Character Limit: 100*

### **Applying Organization Employer Identification Number\***

*Character Limit: 250*

### **Applying Organization Address\***

Please list your organization's primary mailing address.

*Character Limit: 250*

### **Applying Organization City\***

Please select a Minnesotan city from the drop down list.

### **Applying Organization State\***

**Applying Organization Zip Code\***

*Character Limit: 100*

**Applying Organization Primary Contact Person & Title\***

Please list the primary contact person for this project.

*Character Limit: 200*

**Applying Organization Telephone\***

*Character Limit: 20*

**Applying Organization Email\***

*Character Limit: 100*

**Applying Organization Mission & History\***

*Character Limit: 6000*

**Total Applying Organizational Budget Amount\***

*Character Limit: 250*

**Is the Applying Organization a Fiscal Agent?\***

**Choices**

Yes

No

## *Fiscal Agent*

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The questions below are only applicable if the applying organization is applying on behalf of another organization that will operate the proposed activities.

### **Operating Organization**

If the applying organization is serving only as a fiscal agent, please list the name of operating organization.

*Character Limit: 100*

### **Operating Organization Employer Identification Number**

*Character Limit: 200*

### **Operating Organization Primary Contact Person & Title**

Please list the primary contact person for this project.

*Character Limit: 100*

### **Operating Organization Telephone**

*Character Limit: 20*

### **Operating Organization Email**

*Character Limit: 50*

### **Operating Organization Address**

*Character Limit: 250*

### **Operating Organization City**

Please select a Minnesotan city from the drop down list.

### **Operating Organization State**

Please select a state from drop down list.

## Operating Organization Zip Code

*Character Limit: 250*

## Operating Organization Mission & History

Please describe your mission and briefly describe your history.

*Character Limit: 6000*

## Total Operating Organizational Budget Amount

*Character Limit: 100*

## *General Operation Information*

### How do you plan to use general operation funding?\*

*Character Limit: 10000*

### What do you hope to achieve as a result of the use of general operation funding?\*

*Character Limit: 5000*

### Demonstrate that your organization is efficient, effective, and high functioning.\*

*Character Limit: 5000*

## How does your organization's mission and work align with the Youthprise's mission?\*

*Character Limit: 7000*

## Amount Requested from Youthprise\*

Please list the total amount of Youthprise funding you are requesting.

*Character Limit: 100*

## Youth Engagement

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The questions below pertain to the organization responsible for operating the proposed activities.

### Youth Engagement\*

Does your organization employ formal mechanisms to involve youth in decision-making?

#### Choices

No  
Yes

### Types of Engagement\*

Please list the ways youth are involved in formal decision-making.

#### Choices

Governing Board  
Youth Advisory Board  
Youth Council  
Other

### Other Types of Engagement\*

Please identify other ways youth are involved in formal decision-making.

*Character Limit: 4000*

## Racial Equity

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The questions below pertain to the organization responsible for operating the proposed activities.

### Racial Equity & Inclusion Policy\*

Does your organization have a racial equity and inclusion policy?

#### Choices

No

Yes

### Participant Demographics\*

Please list the racial demographics for participants served during the most recently completed year.

*Character Limit: 5000*

## Authorization

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The questions below pertain to the organization legally and financially responsible for the proposed grant.

### Name & Title\*

Please list the name and title of the Chief Executive, Board Member, or equivalent representative authorized to enter into legal agreements. By entering your name and title below, you certify that you are authorized to apply for this grant and acknowledge that this is your electronic signature.

*Character Limit: 200*

### Tax Exempt Status\*

Is your organization a 501(c)(3)?

#### Choices

No  
Yes

### Government Agency\*

Is your organization a public school or unit of government?

#### Choices

No  
Yes

### Americans with Disability Act\*

Do your organization's policies and practices comply with the Americans with Disability Act?

#### Choices

No  
Yes

### Background Check\*

Does your organization conduct background checks on volunteers/employees who work with youth in your program?

#### Choices

Yes

No  
Other

### Background Check - Other

Please explain if you selected Other for the background check question.

*Character Limit: 250*

### General Liability Insurance\*

Does your organization have general liability insurance?

#### Choices

Yes  
No  
Other

### Liability Insurance - Other

Please explain if you selected Other for the Liability Insurance question.

*Character Limit: 250*

## Attachments

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### Financial Statements\*

Please upload the most recent audited financial statements for the applying organization. If you do not have a recent audit, provide an explanation why in the space below and upload your most recent IRS 990 or board approved financial statements. If you need to add clarifying information regarding your financial statements, please add that information below as well.

*Character Limit: 2000 | File Size Limit: 6 MB*

### General Operation Budget\*

Please upload a budget that describes how you will use general operation funding.

*File Size Limit: 5 MB*

### Total Budget\*

Please upload your total organizational budget.

*File Size Limit: 5 MB*

### Annual Report\*

Please upload your most recent annual report.

*File Size Limit: 10 MB*

### IRS W9 Form\*

Please upload the W9 form of the applying organization.

*File Size Limit: 3 MB*

### Staff List\*

Please upload a list that identifies the number of staff by gender and race/ethnicity for the organization responsible for operating the proposed activities.

*File Size Limit: 3 MB*