

**Please fill out this grant application completely.**

1. Are you a 501(c)(3) organization?\_\_\_ Yes \_\_\_No
2. Name of organization \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Nine-digit Federal Identification Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Website URL \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact person at organization \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title of contact person \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Business address (include city, state, and zip code) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Where is your organization geographically located?

St. Paul Midway/Rondo/Frogtown

St. Paul (other)

Minneapolis

Seven-county Twin Cities metro area

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| --- |
| **IMPACT DETAIL** |

|  |  |
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| What geographic area do you serve?  St. Paul Midway/Rondo/Frogtown  St. Paul (other)  Minneapolis  Seven-county Twin Cities metro area | What percentage of your organization or program's participants indicate the following zip codes as their address?  55103 \_\_\_\_\_\_\_ %  55104 \_\_\_\_\_\_\_ %  55114 \_\_\_\_\_\_\_ %  Total \_\_\_\_\_\_\_\_ % |
| What percentage of the following income levels represent those served by your organization/program?  Low income \_\_\_\_%  Moderate income \_\_\_\_%  Middle income \_\_\_\_%  Upper income \_\_\_\_%  *Total must equal 100%* | What percentage of the following racial/ethnic populations did your organization/program serve?  American Indian or Alaska Native \_\_\_\_%  Asian \_\_\_\_%  Black or African American\_\_\_\_%  Hispanic or Latino\_\_\_\_%  Native Hawaiian or other Pacific Islander\_\_\_\_%  White \_\_\_\_%  Two or more races \_\_\_\_% Other \_\_\_\_% *Total must equal 100%* |
| What is the race/ethnicity of your organization’s leadership team? (Indicate the number of executive staff members in each category)  American Indian or Alaska Native \_\_\_\_%  Asian \_\_\_\_%  Black or African American\_\_\_\_%  Hispanic or Latino\_\_\_\_%  Native Hawaiian or other Pacific Islander\_\_\_\_%  White \_\_\_\_%  Two or more races \_\_\_\_% Other \_\_\_\_% *Total must equal 100%* | What is the race/ethnicity of your organization’s Executive Director or CEO?  American Indian or Alaska Native \_\_\_\_  Asian \_\_\_\_  Black or African American\_\_\_\_  Hispanic or Latino\_\_\_\_  Native Hawaiian or other Pacific Islander\_\_\_\_  White \_\_\_\_  Two or more races \_\_\_\_ Other \_\_\_\_ |

1. Have you previously applied for an Allianz grant? \_\_\_Yes \_\_\_No
2. Were you previously selected to receive an Allianz grant? \_\_\_Yes \_\_\_No
3. What is your annual budget? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. This grant will go toward
   1. \_\_\_\_General Operating Support
   2. \_\_\_\_Program Support
5. If a project, please name the program/project \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
6. If a project, what is the budget for the program/project? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
7. Does your organization primarily support youth? \_\_\_Yes \_\_\_No
8. Does your organization primarily serve people with disabilities? \_\_\_Yes \_\_\_No
9. Is there a paid member of your staff who is also an Allianz employee? \_\_\_Yes \_\_\_No
10. If yes, please provide their name and role. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please write out your responses to each of the following questions below.**

1. List of the top five funders of your organization and the grant amount from each.
2. Tell us about your organization and the work that you do – what are your programs/services? Keep in mind how your work fulfills the Allianz focus area of financial [stability/sustainability/security], as that will be a key factor in the evaluation of your application. Include your organization's mission statement.
3. Provide a summary of your funding request. What do you want us to fund, who will it serve, and why is it critical? How will a grant help you increase financial [stability/sustainability/security]?
4. How does your organization/program increase equity or reduce disparities?
5. How is your organization/staff qualified to implement this work/program?
6. Answer these questions completely. This is your time to tell us exactly what you want to accomplish and how Allianz funding will help you meet/exceed those goals. Use these questions to help us calculate the impact a grant would have on your organization/program. **If you receive a grant, this information is what you would report on.**
   1. What is your expected impact?
   2. How many individuals do you plan to impact or engage with the project/program?
   3. What goals do you have for your grant request and how will you measure your progress on those goals?
   4. What are your mid-year and long-term goals?
   5. Please provide specific quantifiable metrics you are trying to accomplish around financial [stability/sustainability/security] (e.g., We will serve \_\_\_ participants and 80% of X participants will \_\_\_).
7. How does your work intersect or work in collaboration with other efforts in the community?
8. How will this funding make a difference to the organization/program?
9. If you receive a grant, what communication ideas/tools do you have to amplify/promote the partnership?
10. Do any Allianz employees currently volunteer with your organization? \_\_\_Yes \_\_\_No
11. If yes, please provide the name(s)/role(s) of specific volunteers or the total number if they are general/group volunteers.
12. In what other ways could Allianz potentially support your organization? Consider general or skills-based volunteerism, opportunities/events highlighting your efforts, board/committee memberships, etc.

**Checklist of Attachments:**

Please provide the following documentation along with your grant application.

* Organization budget and the program budget if applicable
* IRS tax-exempt letter
* Financial statements from your most recently completed fiscal year, audited, if applicable
* List of officers and directors of the organization and their affiliation

Grant application and attachments must be submitted to: [communityengagement@allianzlife.com](mailto:communityengagement@allianzlife.com)