**THE RALPH M. PARSONS FOUNDATION**

**FULL PROPOSAL QUESTIONS**

*Please note that this is a preview of the questions which are asked in our online Full Proposal. We have provided this editable version for you to use as you prepare your answers.*

*To submit a Full Proposal, please visit* [*www.rmpf.org*](http://www.rmpf.org) *to complete the online version.*

**Introduction**

Thank you for your interest in The Ralph M. Parsons Foundation, and for your efforts to improve the lives of Los Angeles County residents. We want to help you do your very best work. Please note that some of the Full Proposal application fields are pre-populated with information submitted through your Letter of Inquiry. You are welcome to review and edit these fields as needed, but this is not required.

Should you have any questions about completing your Full Proposal, we encourage you to visit the FAQs page of our website (www.rmpf.org). As a reminder, your completed grant proposal must be received by the deadline that was sent in your invitation via email. You can submit your full proposal up until midnight on the day of your deadline; if you are unable to meet your assigned deadline due to extenuating circumstances, please email us at grantsadmin@rmpf.org to request an extension.

**Helpful Tips**

1. Add mail@grantapplication.com to your safe senders list to ensure you receive all system communications. Please note that the Foundation does not receive messages sent to mail@grantapplication.com, but can be reached at grantsadmin@rmpf.org.

2. Download a Word document version of this Full Proposal application from our “How to Apply” page and use this to prepare your answers.

3. When you are ready to transfer your answers to the application portal, save your work often so that information is not lost as you copy and paste; your web browser may automatically log you out without warning after a certain amount of inactivity.

4. Please limit use of bullets and other formatting, as these features typically do not present correctly once the application is submitted.

5. Approximate word counts are provided for each application question; however, additional space is provided for your use as needed.

6. Avoid using the back button in your browser to navigate through the application.

7. There are options to view a “printer friendly” version of your application or email a draft of the application in the upper-right corner of the screen.

**Organization Information**

**General Information**

* Organization Name
* Legal Name

*Or fiscal sponsor, if applicable*

* Tax ID

*Please format as follows: xx-xxxxxxx*

* Mailing Street Address
* City
* State
* Zip Code

*Please note that we are unable to mail checks to P.O. Boxes or home addresses due to accounting restraints.*

* Website
* Office email address

*E.g.* *info@yourorganization.org*

* Annual operating expenses

*Please enter your organization’s total operating expenses for the most recently completed fiscal year*

If you have a Fiscal Sponsor, please complete this section:

* Fiscal Sponsor Organization Name
* Email

*If a grant is approved, we can copy your Fiscal Sponsor on the email containing your grant agreement. Please include the appropriate email here.*

**Organizational Overview**

* Your organization’s history, including year founded

*(We prefer a concise narrative of approximately one half page or 250 words, but additional space has been provided for you to utilize as needed)*

* Summary of current programs, activities, and accomplishments/impacts of organization

*(We prefer a concise narrative of approximately one half page or 250 words, but additional space has been provided for you to utilize as needed)*

* Target population and geographic area served across all programs

*(We prefer a concise narrative of approximately one half page or 250 words, but additional space has been provided for you to utilize as needed)*

**Contact Information**

**Organization Primary Contact (President/CEO/Executive Director)**

* Prefix
* First Name
* Last Name
* Suffix
* Title
* Office Phone
* Extension
* Mobile Phone *if used for work calls*
* Email

**Request Primary Contact**

**(If same as above, please check box and do not enter information a second time)**

* Prefix
* First Name
* Last Name
* Suffix
* Title
* Office Phone
* Extension
* Mobile Phone *if used for work calls*
* Email

**Proposed Grant Activity**

**Request Information**

* Amount requested

*In our email to you, we suggested a request amount that may differ from the original request in your LOI. Please note that any change is due to our financial constraints and wanting to set expectations with you.*

* Intended purpose/project title

*A short phrase, such as “for general support of arts education for children” or “to construct a new science building”*

* Type of support requested

*Please select from the following options:*

* *General support is unrestricted funding.*
* *Capital support can fund construction, renovation, or equipment.*
* *Program support can fund specific projects/programs, salaries, or capacity building*.
* Statement of Needs

*Please describe how your programs and services meet the essential needs of Los Angeles County residents.*

*(We prefer a concise narrative of approximately one page or 500 words, but additional space has been provided for you to utilize as needed.)*

* Description of activity for which grant funds are being sought. For general operating support, please describe the work of your organization overall.

*(We prefer a concise narrative of approximately one page or 500 words, but additional space has been provided for you to utilize as needed.)*

* Goals of proposed activity: anticipated outputs, outcomes, and impact. For general operating support, please share three to five organizational goals and describe your plans for accomplishing them.

*(We prefer a concise narrative of approximately one page or 500 words, but additional space has been provided for you to utilize as needed)*

* Plans for evaluating the impact or success of the proposed activity

*(We prefer a concise narrative of approximately one page or 500 words, but additional space has been provided for you to utilize as needed)*

* Plans for administration and operation of proposed activity

*(We prefer a concise narrative of approximately one page or 500 words, but additional space has been provided for you to utilize as needed)*

* Timeline for carrying out proposed activity for capital or program requests. For general operating support requests, you may leave this field blank if you wish.

*If your timeline is best presented in graphic format, please type “See attachment” and then upload your timeline as “Item 11. Timeline” in the Optional Attachments section of this application.*

* Please select the age ranges for the individuals this activity would serve. Select all that apply.
	+ Infants and Young Children (0-5)
	+ Children (6-12)
	+ Adolescents (13-17)
	+ Young Adults (18-24)
	+ Adults (25-64)
	+ Older Adults (65+)
* Please select the Service Planning Areas (SPAs) of Los Angeles County that this activity would serve. Select all that apply.
	+ SPA 1
	+ SPA 2
	+ SPA 3
	+ SPA 4
	+ SPA 5
	+ SPA 6
	+ SPA 7
	+ SPA 8

**Grant Payment Preferences**

Should grant funding be awarded, you have two choices of payment method: check or electronic payment. By sharing your preference now, we can move more expeditiously on your payment if your grant request is approved. Please select one of the following:

* Payment Preference
	+ Check
	+ Electronic Payment

Bank Information for Electronic Payment

*Please fill out the following information only if you prefer an electronic payment.*

* Name of Bank Institution
* Bank Contact Person (First and Last Name)
* Bank Contact Phone

Contact Information for your organization’s CFO/Director of Finance/Controller

*Please fill out the following information only if you prefer an electronic payment.*

* Prefix
* First Name
* Last Name
* Title
* Preferred Communication Method
	+ Email
	+ Phone
* Office Phone
* Email
* Bank Letter

*Attach bank letter of instruction with bank’s routing number and applicant’s account number*

**Attachments**

**There is no need to resubmit any materials, e.g. financial documents, that accompanied your Letter of Inquiry, unless they are more recent than those previously submitted.**

After you choose your file, immediately click “Upload” to attach the document to your application. Accepted file types include: Word, Excel, PDF, PowerPoint, and most standard image files; please make sure that your documents are not password protected.

Collectively, your attachments are limited to 25MB. Please contact us at grantsadmin@rmpf.org if your files are too large for this application.

**Required Attachments**

1a. Board of Directors

*Names of Board of Directors and their business/professional affiliations only (please do not include personal addresses and full biographies). If your organization is headquartered outside of Los Angeles County, please mark local Board members with an asterisk.*

*If this document is the same that you submitted with your LOI, then you do not need to resubmit.*

2a. IRS Form 990

*IRS Form 990 for most recent fiscal year, with all schedules/attachments, including Schedule B.*

*If this document is the same that you submitted with your LOI, then you do not need to resubmit.*

3a. Audited Financial Statement

*Audited financial statement for the most recent fiscal year (organizations with less than $1 million in expenses may submit an accountant's review or compilation, or an in-house financial statement).*

*If this document is the same that you submitted with your LOI, then you do not need to resubmit.*

4. Biographies

*Resume or bio of executive director/chief executive officer and key staff involved in the scope of work*

5. Supporters

*List of foundation supporters, including amounts contributed, for the current and most recent fiscal years. If these lists are separated, please combine into a single document before uploading.*

6. Board Meeting Schedule

*Frequency of Board meetings and description of standing committees, if any*

7. Operating Budget

*Current operating budget for the organization as a whole, with revenues and expenses itemized*

8. Year-to-Date Financial Statements

*Year-to-date statement of financial position (balance sheet) and statement of activities (income and expense statement). If your organization has completed a fiscal year since your last audit or IRS Form 990, please submit the year-end statements.*

9. If applicable, please include your most recent/current:

• Fiscal Sponsorship Acknowledgment Letter (please do not send your full MOU or contract)

• Group Exemption Documentation from your central organization

• 509(a)(3) Written Legal Opinion

10. Itemized Project Budget

*Please include confirmed and prospective sources of income. For capital and project/program-specific requests only, not for general operating support requests*

**Optional Attachments**

*Please use discretion in limiting additional attachments.*

11. Timeline

12. Letters of Support

13a. Brochures, studies, newspaper articles, or other descriptive information

13b. Brochures, studies, newspaper articles, or other descriptive information

14. Other

*Please use this for any additional information or message that you have not been able to include elsewhere. If you wish to include a weblink, please put the URL into a Word document and attach here.*

**Feedback & Next Steps**

**We Welcome Your Feedback** *(Optional)*

Is there any feedback that you would like to share, such as issues you encountered in completing your application or additional information that would have been helpful for you? We appreciate your input and any comments you share will not affect the review of your application.

Please review your complete application before submitting. You will receive an automated confirmation email upon submission, which will include a copy of your completed application.

During the review process, you may be contacted for further information and/or a site visit may be requested. A site visit is an in-person or virtual meeting between a Foundation staff member and representative(s) of your organization, which helps us learn more about your work. A site visit is scheduled for two hours, typically during one of the following timeframes: 10 am – 12 pm (noon), 1 pm – 3 pm, or 2 pm – 4 pm. If applicable, we like to see programming in action and can meet outside of these times.

Please allow up to six months before a funding decision is made, due to the large number of requests awaiting consideration. If questions arise during the review period or you have updated documents to share, email us at grantsadmin@rmpf.org or call 213-362-7600.

Thank you again for your interest. We look forward to reviewing your proposal.