St. Louis Philanthropic Organization Responsive Grant 2026

St. Louis Philanthropic Organization

GRANT AGREEMENT TERMS & CONDITIONS

Thank you for your interest in the St. Louis Philanthropic Organization's Responsive Grants funding opportunity. ***Please read the following before completing the application.***

Grantees are expected to agree and adhere to the following terms and conditions if a grant is awarded to the organization:

I. The St. Louis Philanthropic Organization Responsive (SLPO) Grant is to be used solely for the purpose and benefit of City of St. Louis residents.
II. Grantee warrants and represents that its receipt of this grant will not adversely affect its exempt Federal income tax status pursuant to the Internal Revenue Code Section 501© 3. In addition, it has received no notice or information that the IRS determination letter provided to the SLPO has been revoked, modified or suspended by IRS action or otherwise. If grantee's exempt status changes, the SLPO reserves the right to have all remaining grant funds immediately returned.
III. Grantee will treat the SLPO grant as a restricted asset, and will keep adequate records to document the expenditure of funds and the activities supported by the grant. The Grantee also agrees to make available, at reasonable times, the financial records related to the activities supported by the grant.
IV. Any funds not used or explained as part of the revision must be returned to the SLPO unless otherwise authorized in writing by the SLPO. Furthermore, Grantee will immediately notify SLPO of any development(s) that significantly affect(s) the expenditure of the grant.
V. Grantee agrees to defend and hold harmless (find not legally or financially responsible) the SLPO and its officers, employees and related vendors from and against any claim, including the expenses of investigation and defense of such claim, arising out of or in any way connected with this grant or the expenditure of grant funds.
VI. Grantee must provide a written Progress Report and /or Final Report. Organizations must be in Good Standing and current on its reporting to be considered for future funding.
VII. Grantee agrees to appropriately credit the SLPO in any advertisement, publicity or public comment related to the funded program/project.
VIII. To maintain accurate contact information, Grantee will notify the SLPO if there are any changes in key personnel, address, phone number and/or email address or program status.

In addition, organizations are expected to attest that the information contained in the application is accurate and true, and the application has been approved for submission to the SLPO.

Your signature at the end of the grant application will indicate your acceptance of the above listed terms and conditions.

If the organization does not agree with these terms and conditions and no longer wants to submit an application, click *Abandon Request* to delete it. If the agency has questions about any of the Terms & Conditions, please contact the SLPO office. ***Nonacceptance of the terms and conditions will affect funding consideration.***

SUBMISSION DATE AND ELIGIBILITY

The application sections and required attachments must be completed and submitted electronically to the St. Louis Philanthropic Organization (SLPO) by *11:59 p.m. on February 6, 2026.* Please make sure that all required questions have been answered and all required attachments have been uploaded.

Did the organization receive a Responsive Grant in 2024?*

Choices

Yes

No

Did the organization receive a Responsive Grant in 2025?*

Choices

Yes

No

If the organization answered "Yes" to BOTH questions above, the agency cannot apply for a Responsive Grant in 2026 due to receiving grants for two consecutive years (2024 and 2025). As such, the organization should not complete an application for this funding cycle and may click "Abandon Request" to delete it. The agency is welcome to apply for funding consideration for 2027.

If the agency replied "Yes" to only one question above or "No" to both, proceed to the next question. Please contact the SLPO if you have questions or need additional information.

Does the agency serve St. Louis City Residents?*

St. Louis Philanthropic Organization (SLPO) funding must be used to support programming for St. Louis City residents only. If the agency ***does not serve*** St. Louis City residents, it is ineligible to apply.

Choices

Yes

No

Is this the agency's first time applying to the SLPO for funding consideration?*

New or first-time applicants must attend the December grantwriting workshop either in person or virtually. Organizations that couldn't attend for any reason (e.g., learned about the workshop after it was offered) must contact the SLPO office to discuss your program and the SLPO application process.

Choices

Yes
No

FISCAL AGENT

Is the agency partnering with a Fiscal Agent?*

If yes, please answer the following questions. If no, proceed to the "Application Questions" section.

Choices

Yes
No

Fiscal Agent Organization's Name

Character Limit: 75

Fiscal Agent Primary Contact Information

Please include the main contact person's suffix, name and title/position.

Character Limit: 75

Fiscal Agent Mailing Address

Indicate the street address or P.O.Box number, city, state and zip code. The grant check will be sent to the Fiscal Agent as the fiduciary agency, unless a different address is agreed upon by the organizations and specified in the Memorandum of Understanding or Agreement. All notifications pertaining to the grant will be sent to the Applicant Agency (e.g. request status, grant disbursements, reporting, etc.).

Character Limit: 100

Fiscal Agent Phone Number

Character Limit: 15

Fiscal Agent Email Address

Character Limit: 75

Memorandum of Understanding or Agreement

Please upload a copy of the executed Memorandum of Understanding or Agreement signed by both entities.

File Size Limit: 3 MB

APPLICATION QUESTIONS

Organization's Mission Statement and Purpose*

Briefly state organization's mission statement and purpose.

Character Limit: 750

Amount Requested*

(Not to exceed $10,000)

Character Limit: 20

Type of Funding Requested (check one)*

Choices

Flexible Funding (General Operating Support)
Targeted Funding (Program Operating Support)

Grant Classification*

For ***Targeted Funding Requests***, check ***one*** Primary Grant Category that best describes the program for which funding is being requested. For ***Flexible Funding Requests***, check the best category that describes the organization.

Choices

Art & Culture
Basic Needs (e.g., food and clothing)
Crime, Legal & Protection Against Abuse
Education
Employment & Job Training/Placement
Health Care
Housing and Shelter
Human/Social Services
Mental Health & Crisis Intervention
Recreation, Sports & Camps
Youth Development

Grant will be used to support (check one):*

If the agency is requesting **Targeted Funding**, please indicate how the grant dollars will be used. For **Flexible Funding** requests (General Operating Support), click N/A.

Choices

New Program
Maintenance of Current or Existing Program

Program Expansion
N/A

Total Agency Budget*

The Total Agency Budget should match the Total Agency Expenses shown in the light blue column on the budget spreadsheet.

Character Limit: 20

Total Budget of Program to be Funded*

For **Targeting Funding Requests**, the Total Budget of the Program should match the Total Program Expenses shown in the gray column on the budget spreadsheet. If the agency is requesting *Flexible Funding*, enter "0".

Character Limit: 20

Grant Period Start Date*

The Start Date or period covered by the grant must be on or after January 1, 2026. Grant Periods should not exceed 12 months.

Character Limit: 10

Grant Period End Date*

The End Date or period covered cannot extend beyond June 30, 2027. Grant Periods should not exceed 12 months.

Character Limit: 10

Projected Total Number of Individuals to be Served by the Agency/Program*

Character Limit: 10

Projected Number of St. Louis City residents to be Served by the Agency/Program*

Character Limit: 10

Grant will be used to serve (check all that apply):*

Choices

Children Ages 12 and Under
Teens Ages 13 to 19
Adults Ages 20 to 55
Adults and Seniors Ages 55 and Older

Demographics of Clients Served Reflected in the Agency's Staff, Board and/or Volunteers*

Describe how the organization ensures that the demographics of the clients served are reflected in the composition of its staff, Board, and/or volunteers. This may involve detailing how the clients' perspectives or voices are integrated into organizational policies, programming, etc. Relevant demographics may include age, ability, national origin, race or

ethnicity, religion, sexual orientation, socio-economic status, veteran status, or personal experience with the issue (e.g., former client of the organization).

Character Limit: 1500

Primary Neighborhood*

Please indicate the ***primary*** neighborhood to be served by the program (**check one**):

Choices

Academy
Baden
Benton Park
Benton Park West
Bevo Mill
Botanical Heights
Boulevard Heights
Carondelet
Carr Square
Central West End
Cheltenham
Clayton-Tamm
Clifton Heights
College Hill
Columbus Square
Compton Heights
Covenant Blu
Grand Center
DeBaliviere Place
Downtown
Downtown West
Dutchtown
Ellendale
Fairground
Forest Park Southeast
Fountain Park
Fox Park
Franz Park
Gravois Park
Hamilton Heights
Hi Pointe
Holly Hills
Hyde Park
Jeff-Vander-Lou
Kings Oak
Kingsway East
Kingsway West
Kosciusko
Lafayette Square
LaSalle Park

Lewis Place
Lindenwood Park
Marine Villa
Mark Twain
Mark Twain I-70 Industrial
McKinley Heights
Midtown
Mount Pleasant
Near North Riverfront
North Hampton
North Pointe
North Riverfront
O'Fallon
Old North St. Louis
Patch
Peabody Darst Webbe
Penrose
Princeton Heights
Riverview
Shaw
Skinker DeBaliviere
Soulard
Southampton
Southwest Garden
St. Louis Hills
St. Louis Place
The Gate District
The Greater Ville
The Hill
The Ville
Tiffany
Tower Grove East
Tower Grove South
Vandeventer
Visitation Park
Walnut Park East
Walnut Park West
Wells Goodfellow
West End
Wydown Skinker

Please list the St. Louis City zip codes to be served by the agency/ program.*

Character Limit: 250

Geographical Requirements*

Outline the protocols in place to guarantee that SLPO grant funds are allocated solely for programming and services that support St. Louis City residents.

Character Limit: 750

Program Name*

For ***Targeted Funding*** requests, please indicate the program's name. This field will automatically populate for the reporting forms. For ***Flexible Funding*** requests, indicate N/A.

Character Limit: 100

Community Need or Issue*

Specify the community need or issue and explain how the agency will address it. Substantiate your explanation with data, including factual evidence and relevant sources, to validate the need or issue and the demand for services to be delivered by the agency. Provide demographic and geographic information describing the affected community or population, and articulate the consequences of not addressing the identified need or issue.

Character Limit: 2000

Impact (Prior and Current Grantees Only)*

A. Summarize the key evaluation results or findings that demonstrate the agency's or program's impact from the most recent or current grant awarded by the St. Louis Philanthropic Organization. Include the year the grant was awarded, number of program participants served and the changes in their awareness, behaviors or condition as a result of services received.

B. If the agency or program did not achieve the desired results or is experiencing some challenges in meeting intended outcomes with the program currently funded, please share what are/were the contributing factors and what steps the organization is taking/took to improve or enhance the program and services. Will the proposed request be used to implement these changes and, if so, in what ways?

If the agency has never been a SLPO Responsive Grant recipient, please indicate N/A.

Character Limit: 1500

Impact of External Factors*

Has the organization been impacted by recent external factors (e.g., May 2025 St. Louis tornado, federal and/or Missouri state policy or budget decisions, or other significant events)?

If yes:

- Please describe the event and the nature of the impact.
- What measures has the organization taken (or is planning to take) in response?
- Have these circumstances created any new opportunities for programming or mission?

If the organization has not been impacted by any significant external factors, please indicate N/A.

Character Limit: 2000

SUPPLEMENTAL QUESTIONS FOR TARGETING FUNDING REQUESTS

Organizations applying for Targeted Funding must complete all questions in this section. Agencies requesting Flexible Funding may skip this section and proceed to the Financial/Budget Questions.

Program Summary

Please provide a succinct overview of the program for which the grant is sought, detailing the reasons behind the organization's request, the expected results or outcomes, and how the program aligns with the agency's mission.

Character Limit: 1000

Program Outcomes

Detail the intended and measurable outcomes or changes, specifying percentage increases or decreases, that participants are expected to achieve or experience as a result of the program's services and activities. Explain how the program or service advances racial equity and actively acknowledges and addresses the needs of participants who have been disproportionately affected by systemic failures, inequities, and discrimination.

Character Limit: 2000

Program Implementation

Describe the specific program services and activities, when and where they will occur and who will be responsible for providing them (staffing).

Character Limit: 2000

Program Evaluation and Effectiveness

Describe what the agency considers to be a successful program and what criteria or indicators will be used to determine if the intended outcomes and changes have been achieved. Specify any assessment tools (e.g., pre/posttests, exit surveys or interviews) and data to be gathered to measure the effectiveness of the services provided and determine the degree of success.

Character Limit: 1500

Program and Service Follow Up with Participants

Outline the steps and frequency (e.g., every three months, six months, or one year) for following up with program participants to assess their ongoing success in achieving desired outcomes or if additional services may be required.

Character Limit: 1500

FINANCIAL/BUDGET QUESTIONS

Funding Request*

For ***Flexible Funding Requests***, provide an overview of how the agency would like to use the grant.

For ***Targeting Funding Requests***, provide a detailed explanation on how the grant will be utilized if awarded, including the expense items and amount of the grant allocated per item. The St. Louis Philanthropic Organization has a limited amount of grant dollars and will not be able to fund every grant request. To assist in its deliberations, please provide a specific, minimum grant amount that would not adversely impact implementation if the Board is unable to support the agency at the level requested. Include any potential program changes that may have to be made as well as which budget items would be affected and how.

Character Limit: 2000

Program Budget Information*

To access the Responsive Grant Application Budget spreadsheet, please click SLPO Responsive Grant Budget Form. This is a Google Sheet that must be either copied (select 'File' then 'Make a Copy') or downloaded (select 'File' then 'Download as an Excel Spreadsheet') before saving it to complete your organization's budget. You will not be able to enter data into the spreadsheet until you have copied or downloaded it first. Once the Budget Form is completed, upload it into the application. You can also find the Budget Form on SLPO's main website at www.stlphilanthropic.org, under the 'Applying for a Grant' section.

The first column on the Grant Budget form represents the organization's actual revenue and expenses for the **prior fiscal year** and must be completed for Flexible and Targeted Funding requests.

The light blue middle column details the **current fiscal year's** revenue and expenses for the organization. This column must be completed for Flexible and Targeted Funding requests.

The gray and final column on the right outlines the proposed budget for the specific program for which funding is being requested. This column must be completed for **Targeted Funding requests only.**

Please note that the spreadsheet automatically computes information entered.

When completing the revenue and expense information, please note that funding requests to the St. Louis Philanthropic Organization (SLPO) **cannot exceed $10,000**. Be sure to include the agency's funding request on the SLPO revenue line (cream colored) for both the **Current Year** and the **Proposed Program budget, if applicable.** If the organization received a Responsive Grant last year, it must be reflected on the SLPO revenue line in the Prior Year budget column.

The total Program Expense information in the budget should match the Total Program Budget

amount listed earlier in the application.

File Size Limit: 5 MB

Projected Agency/Program Revenue*

For Flexible Funding requests, specify in dollars how much of the Total Revenue listed in the Agency Budget column has been secured to date. For Targeted Funding requests, specify in dollars how much of the Total Revenue listed in the Program Budget column has been secured to date. Please indicate which source(s) of revenue and the amount(s) that is/are still pending, and the anticipated date of notification, excluding the request to the St. Louis Philanthropic Organization.

What contingencies are in place should the pending source(s) of revenue not be awarded?

Character Limit: 500

COMMUNTY OUTREACH AND PROCESS QUESTIONS

The questions in this section will assist the SLPO in its planning and outreach efforts and ***will not affect*** funding consideration. Thank you for your feedback!

Capacity Building - Grantwriting Training and Technical Assistance*

Please indicate which grantwriting training or technical assistance opportunity the agency has received to prepare the grant application. **Check all that apply**. (NOTE: This information will be used in planning SLPO capacity building workshops.)

Choices

Most recent December SLPO Capacity Building Grantwriting Workshop
Attended or viewed Grantwriting Workshop recording(s) on the SLPO website
Attended other Grantwriting Workshop(s) sponsored in the community
Engaged the services of an external Grantwriter
Other

If you clicked Other, please note any resource(s) used to help prepare the application.

Examples of other resources may be books or literature on grantwriting, or YouTube or other videos.

Character Limit: 250

Learn About the Grant*

Please share how the organization learned about the St. Louis Philanthropic Organization's Responsive Grant opportunity. **Check all that apply.** (NOTE: This information will be used in planning SLPO marketing and outreach efforts.)

Choices

St. Louis Philanthropic Organization's website
St. Louis Philanthropic Organization's social media (Facebook, Instagram or LinkedIn)
Announcement in St. Louis American Newspaper
Agency is a current or former SLPO grantee.
Received information from a current/former SLPO grantee or another organization
St. Louis Philanthropic Organization former or current Board Member (s)
Received email blast from the St. Louis Philanthropic Organization
Area Funder (e.g., foundation, corporation or government entity)
Other

Outreach Efforts

If you selected more than one response above, please indicate which outreach effort was the most useful.

Character Limit: 75

Please select the answer that best aligns with this statement:*

The online application system is easy to use. (NOTE: Your response ***will not affect*** funding consideration).

Choices

Strongly Agree
Agree
Neutral
Disagree
Strongly Disagree

REQUIRED ATTACHMENTS

The following attachments are required and must be included with the application. If the applicant is using a Fiscal Agent, the required attachments must be from the Fiscal Agent. ***The system will not allow you to submit the application without them.*** If for some reason the agency does not have one of the required documents, you should upload a Word document indicating the name of the attachment with an explanation. The SLPO Board will take the explanation under advisement and determine if it is acceptable.

Statement by the Governing Body*

A Letter or Statement by the governing body and signed by an Officer of the Board of Directors must be included which 1) endorses the program and the submission of the application; and 2)

ensures adequate protections are in place to guarantee that neither your organization nor any SLPO grant dollars will be used to support terrorism or for any terrorist purposes.

File Size Limit: 3 MB

Board Member Roster*

Current Board Member Roster listing the members' name, professional affiliation or if a community volunteer, Board position (e.g., officer or member), and number of years on the Board or year elected.

File Size Limit: 3 MB

501 (c) (3) Letter of Incorporation*

The agency must attach the letter from the IRS recognizing the organization as a tax-exempt entity. If the agency has a Fiscal Agent, the 501 (c)3 Letter for the Fiscal Agent must be uploaded here.

File Size Limit: 3 MB

Certificate of Incorporation*

The agency must attach its Certificate of Incorporation issued by the state in which it was incorporated. If the organization does not currently operate under its original name (e.g., uses a Doing Business As or DBA), include the documents for a Name Change and/or Fictitious Name Registration if the agency's name differs from Certification. **NOTE**: If the agency has a DBA, please combine and upload the Certificate of Incorporation and the DBA paperwork as one file.

File Size Limit: 5 MB

Certificate of Good Standing*

Certificate of Good Standing issued by the Missouri Secretary of State or the organization's primary state of operation ***dated on or after January 6, 2026.***

NOTE: If the Certificate is dated before January 6, 2026, the application ***will not be considered for 2026 funding.*** In addition, a screenshot of the Secretary of State's website ***will not be accepted*** as verification.

File Size Limit: 3 MB

APPLICATION APPROVALS AND NEXT STEPS

Acceptance of Grant Term & Conditions and Submission Approval*

"As a duly-authorized agency representative, 1) I have read and accept the aforementioned Grant Terms & Conditions, 2) I can attest the information contained in the application is accurate and true and has been approved for submission."

Please type your name, ***which will serve as your signature***, your title and indicate the date as the duly-authorized agency representative to confirm your agreement with the above

statement.

Name and Title

Character Limit: 100

Date*

Character Limit: 10

Verification of Mailing Address

Please provide the organization's mailing address where the grant check should be sent. **NOTE:** If you are using a Fiscal Agent, enter the Fiscal Agent's mailing address.

Street Address*

Character Limit: 250

City, State Zip*

Character Limit: 250

Thank you for your time and effort in completing the application. Please be reminded that all required questions have to be answered and all required attachments uploaded before the application can be submitted.