

Request for Proposal – Deadline October 19th by 5:00 PM

Dear Friends,

Your organization is invited to apply for a grant from the girl grantmakers of our foundation, This is a unique group of high school girls from the community that strives to impact change by awarding \$20,000 in grants to nonprofit organizations in order to help young women and girls.

The girls have selected the following as our funding priorities this year, and we are interested in supporting programs that do one or more of the following for girls and young women between birth and 26 years of age in the community. The girls would like to fund programs and services that do the following:

- Providing help to young women and girls who are abusing substances or are impacted by substance abuse, including but not limited to prevention programs, rehabilitation services, or counseling and support groups.
- Helping and empowering young women and girls who struggle with mental health issues and physical abuse, including but not limited to programs that address issues of mental illness, low self-esteem, eating disorders, peer pressure, anxiety, stress and violence.
- Helping young women and girls who are affected by economic disparities and a lack of basic needs, including health care. Basic needs include but are not limited to food, shelter, clothes, childcare, educational and career services, checkups, dental care, medications and vaccinations.

Please see attached guidelines and application, and send your completed proposal by **Friday, October 19 by 5:00 PM** to program_coordinator@foundation.org. If you have any questions, please do not hesitate to contact the Office Manager or Coordinator directly.

We are looking forward to receiving your applications. Thank you for all you do to support women, girls and their families in our community.

Sincerely,

The Girls Grantmaking Program

Grant Guidelines

GRANT PERIOD

All funds must be fully expended by 6/30/14.

WHAT WILL THE GIRLS GRANTMAKING PROGRAM FUND?

Organizations whose programs demonstrate direct benefit for girls and young women between birth and 26 years of age in the community.

The Girls Grantmaking Program will support programs that:

- Provide help to young women and girls who are abusing substances or are impacted by substance abuse, including but not limited to prevention programs, rehabilitation services, or counseling and support groups.
- Help and empower young women and girls who struggle with mental health issues and physical abuse, including but not limited to programs that address issues of mental illness, low self-esteem, eating disorders, peer pressure, anxiety, stress and violence.
- Help young women and girls who are affected by economic disparities and a lack of basic needs, including health care. Basic needs include but are not limited to food, shelter, clothes, childcare, educational and career services, checkups, dental care, medications and vaccinations.

WHAT WILL NOT BE FUNDED?

- Capital campaigns, endowments, capital equipment, fundraising, emergency funding or special events.
- Government agencies, individuals, scholarships, political campaigns or lobbying organizations.
- Advertising, publishing or promotional materials
- Conferences or one-time educational workshops, studies or research
- Programs with an objective to restrict or limit a woman's right to make her own reproductive choices.
- Religious programs (however, programs run by religious organizations may apply).

WHO MAY APPLY

- Nonprofit organizations that have tax-exempt status under IRS 501(c)(3); or groups or organizations that submit an application through a fiscal sponsor, (i.e., a tax-exempt organization under IRS 501(c)(3) that agrees to accept funds on its behalf).
- The foundation and girls grantmaking program do not discriminate on the basis of sex, race, color, national origin, ethnicity, creed, religion, sexual orientation, gender identity, gender expression, age, marital status, physical and mental ability, military or veteran status, or any other characteristic protected under federal, state or local law.
- Only nonprofit organizations that receive this request for proposal may apply.

HOW TO APPLY

GRANT DEADLINE: FRIDAY, OCTOBER 19 by 5:00 PM

1. All applicants are required to submit applications via e-mail to the Office Manager, at officemanager@foundation.org. You will receive an e-mail from the office manager within 48 hours confirming we received your application and can open your attachment.
2. Please mail one copy of the following:
 - 501(c)(3) ruling letter for your organization; or your sponsor's most recent 501(c)(3) ruling along with a letter from your sponsor indicating willingness to serve in that capacity.
 - Audited financial statements. If an audited financial statement is not available, include one copy of the organization's most recent Board-approved financial report/budget.
 - Board of Directors list.
3. Application Narrative (3 pages)
Please submit a narrative proposal, no longer than 3 pages in length, and include the following information (see the application for full descriptions of the following areas):
 - Organization Information
 - Problem/Needs Statement
 - Purpose of Grant
 - Evaluation
 - Budget Information
4. Additional Attachments (2 pages)
 - List of Part-time/Full-time Staff, Volunteers, etc. and description of their qualifications for your program.
 - Program Timeline
 - **If you are collaborating with another agency on this program, please include a letter of support from the partner agency.**
5. Your application is complete when we receive the following (in this order):
Send via e-mail:
 - Application Form
 - Narrative
 - Budget Form
 - Staff List and Descriptions
 - Program Timeline
 - Letter of Support from Partner Agency (if collaborating on this program)Send via regular mail:
 - Copies of 501(c)(3) letter for organization/fiscal sponsor; Audited financial statement; Board of Directors List
6. **Do not** send materials such as brochures, annual reports, etc.

Grant Application Form

GRANT DEADLINE: FRIDAY, OCTOBER 19 by 5:00 PM

ORGANIZATIONAL INFORMATION

Organization Name:

Organizational address:

Telephone number:

Fax number:

Website:

Executive Director:

Email address of Executive Director:

Contact person and title (if different from Executive Director):

Phone # & Email address of contact person:

Date organization founded:

Does your organization have 501(c) (3) status?

Yes

No

If no, name of fiscal sponsor for this application:

PROGRAM REQUEST

Amount requested: \$ _____.

Program name: _____

Total organizational budget (current fiscal year): _____

Total program budget (current fiscal year): _____

Has your organization applied to the foundation before?

Yes

No

If yes, please indicate most recent year:

Has your organization received a girls' grant before?

Yes

No

If yes, please indicate years and amounts:

DIRECTLY IMPACTED POPULATION - Please complete the following as accurately as possible for the population directly impacted by your program.

- Number of women and/or girls directly impacted by the program: _____

- Check all that apply for the following:
 - 1. Age**
 - ___ 0-4
 - ___ 5-9
 - ___ 10-19
 - ___ 20-30
 - 2. Economic Status**
 - ___ No income
 - ___ Low income
 - ___ Middle income
 - ___ High income
 - ___ Other _____

3. Region

- Southern Area
- Eastern Area
- Western Area
- Northern Area

4. Ethnicity

- African American
- Asian
- Caucasian
- Latina
- Native American
- Multi-Racial
- Other

INDIRECTLY IMPACTED POPULATION - Please complete the following as accurately as possible for the population indirectly impacted (i.e. family members, community, etc.) by your program.

- Number of women and/or girls indirectly impacted by the program: _____

- Check all that apply for the following:

1. Age

- 0-4
- 5-9
- 10-19
- 20-26

2. Economic Status

- No income
- Low income
- Middle income
- High income
- Other _____

3. Region

- Southern Area
- Eastern Area
- Western Area
- Northern Area

4. Ethnicity

- African American
- Asian
- Caucasian
- Latina
- Native American
- Multi-Racial
- Other

FUNDING PRIORITIES

Please identify which of the funding priorities this application addresses (check all that apply):

- Substance Abuse
- Physical and Mental Health Issues
- Economic Disparities and Basic Needs, including Healthcare

NARRATIVE (not to exceed 3 pages)

I. Organization Information

Please briefly describe the following for your organization:

- History, mission, and major achievements
- Current programs and services
- Who you serve
- If you have received a girls' grant in previous years and how it was used.
- What other organizations you are affiliated with, if any.

II. Problem/Needs Statement

- Describe the needs or issues your program addresses.
- Include relevant statistics or other information that substantiates the needs or problem identified.

III. Purpose of Grant

- Describe how your program benefits women and girls and addresses one or more of the funding priorities.
- Please outline the program's goals, outcomes, strategies and activities that will be implemented to address the issue/need described.
- Describe any collaboration with other organizations, program recruitment, and potential barriers to the program, such as childcare, transportation and program fees.
- Describe the accessibility of your services.

IV. Evaluation

Please explain what will change as a result of your program receiving funding by answering the following:

- What will change?
- What are the expected results/outputs?
- How will change/outcomes be measured?
- What are the goals for your program?

V. Budget Information

Please use the budget format provided (next page). If you feel elements of your budget require further explanation, you may include a budget narrative.

**Budget Format
Program Request**

Fiscal Year Dates:

Income	Organization Current FY Income	Current Program Income
Amount requested from Fund		
Individual contributions		
Foundation grants		
Corporate grant support		
Government grants/contracts		
Membership dues		
Fundraising events		
Gifts/bequests		
Other:		
Total Income		

Expenses	Organization Current FY Expenses	Current Program Expenses
Staff salaries		
Benefits and taxes		
Professional fees (contract, consultant)		
Equipment		
Rent/utilities		
Telephone/fax/postage		
Copying/printing		
Office supplies/materials		
Travel/transportation		
Training		
Fundraising/promotion/publicity		
Miscellaneous expenses		
Total Expenses		
Surplus (Deficit)		

Other Funders

Please list funders who support the program or from whom you will request funding support.

Funder Name	Amount	Status (Planned Submission Date, Received, Proposal Pending)

Budget Narrative (Optional):