

 **GRANT APPLICATION**

| SECTION 1 0F 4: Organization Information | Date |
| --- | --- |
| Organization to be Funded  | Age of Organization☐ Startup☐ 1-3 years☐ More than 3 years |
| City, State/Department and Country Where Work Takes Place |
| Name, Title and Pronouns of Contact Person |
| Address | City  | Postal Code |
| State/Department | Country |
| Preferred Phone | Email Address |
| FaceBook page:Instagram page:Twitter handle:  | Web Page URL (if applicable) |
| Do you have 501c3 tax status in U.S.? No ☐ Yes ☐ If yes, provide your #EIN: |
| Does your organization have a fiscal sponsor? If yes, please provide the contact information for your fiscal sponsor (name, address, phone, and email). We will ask for a copy of your agreement if you receive a grant. |
| Organizational Budget $(Maximum $250,000) | Project Budget $ | Amount Requested $(Maximum $7,500)  |
| Has the organization received a grant from Mary’s Pence in the past? Yes ☐ No ☐If yes, indicate each year funded and amount: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |
| Provide one reference. This person should have practical, current knowledge of the work under consideration, but not be a staff member. Provide name, address, phone, and email. No letter is required. |
| If you are a new applicant, how did you learn of Mary’s Pence Grants? |

***Sections 2 and 3 combined should be between 2 to 4 pages.***

### SECTION 2 of 4: Organization/Project Information

 *Please type or print.*

1. Tell us about your organization's mission.

2. Tell us about the population impacted by your organization, including demographics.

3. Does your work focus solely on women\* or gender issues? And if not, is there an aspect of your work framed around issues affecting women? \**Women includes cis women, trans women, and/or non-binary people.*

4. Tell us about the organizations' board in terms of size and demographics.

5. Tell us about key staff and volunteers in terms of size and demographics.

### SECTION 3 of 4: Work to be Funded

*Please type or print.*

1. What is the need?

2. What are the outcomes you want to attain? And how will you know you are successful?

3. How will you go about achieving this outcome?

4. How does the work create long term systemic change? Refer to list in grants criteria.

5. How was the community involved in initiating this work and how are they currently involved?

6. Do you have community partners involved in accomplishing this work? Who are they and what is their role?

### SECTION 4 of 4: Budget

1. Attach a one page copy of your ***organization operating budget***. Indicate how many employees are covered in the salary line, how many are women, and what positions they hold.
2. If applicable, attach a one page itemized ***budget summary for the project***, including income and expenses. Indicate how a Mary’s Pence Grant would be applied. The budget should explain the whole amount needed, the amount contributed by the organization itself, and the amount and sources of additional funding.

### APPLICATION SUBMISSION

PLEASE SEND YOUR APPLICATION BY EMAIL OR HARD COPY TO:

Mary’s Pence, ATTN: Erin Williams Rodriguez, 275 East 4th Street #642, St. Paul, MN 55101

E-mail: grants@maryspence.org

If you have questions, please contact us at 651-788-9869.