

**2020 - 2021 MARY’S PENCE GRANT APPLICATION**

Please type or print.

|  |  |
| --- | --- |
| **PART I: Organization Information** | Date |
| Organization to be Funded  | Age of Organization☐ Startup☐ 1-3 years☐ More than 3 years |
| Name of Project |
| City, State/Department and Country Where Project 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 $200,000) | Project Budget $ | Amount Requested $(Maximum $5,000)  |
| 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 project 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? |
| If Mary’s Pence funds this project, would your organization be interested in applying for future grants (up to three total)? Yes ☐ No ☐ |
| If your funding is approved, to whom should the check be written and where should it be sent? |
| Please list any local press in your organization’s area. Mary’s Pence will contact the media if your funding is approved. |

**PART II: Project Information**

Answer the following in two single-spaced pages or less.

1. Describe your organization, including its mission, history, community partners and support, the population it serves, and the size and demographics of board and staff.
2. Please describe the project:
* What is the need?
* What do you want to accomplish, and how will you know you are successful?
* How did this project get initiated?
* What are the key steps to accomplishing this project?
1. Mary’s Pence views social justice as actions taken to create social change and/or systems change by
* Shifting public opinion about justice issues
* Forming alliances and collaborations across diverse populations
* Creating change in unjust structure or policies, or
* Building capacity by building leadership, organizing, or other social justice skills

Please describe how your project is focused on creating social change and/or systems change.

1. How does your project include and focus on cis women, trans women, and/or non-binary people?
2. How is your project community-centered and community led?

**Part III: Budget**

1. 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.
2. 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.

**APPLICATION INFORMATION**

PLEASE SEND YOUR APPLICATION BY EMAIL OR HARD COPY TO:

Mary’s Pence, 275 East 4th Street #642, St. Paul, MN 55101

E-mail: robyn@maryspence.org

Grant applications are accepted at any time.

If you have question please contact Robyn Browning at robyn@maryspence.org or 651-788-9869.