

**2021 - 2022 MARY’S PENCE GRANT APPLICATION**

|  |  |
| --- | --- |
| **PART I: Organization Information** | Date |
| Organization to be Funded  | Age of Organization☐ Startup☐ 1-3 years☐ More than 3 years |
| Address | City, State  | Zip Code |
| Name, Title and Pronouns of Contact Person |
| Phone | Email |
| FaceBook page:Instagram page:Twitter handle:  | Website |
| Do you have 501c3 tax status? 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 Name and Budget (if applicable) $ | 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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |
| If you are a new applicant, how did you learn of Mary’s Pence Grants? |
| Who will be the contact person for grant activities? Please include name, pronouns, title, email, and phone if different from the person completing the grant application as listed above. |
| Please list any local press in your organization’s area. Mary’s Pence will contact the media if your funding is approved. |

**PART II: Background**

1. Tell us about your organization (answer each item separately, this section should be one page maximum).
* Organization Mission
* Population impacted including demographics
* 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?
* Board - size and demographics
* Key staff and volunteer - size and demographics

\*Women includes cis women, trans women, and/or non-binary people.

**PART III: Work to be Funded**

1. Please describe the work to be funded (answer each item separately, this section should be two pages maximum)
* What is the need?
* What are the outcomes you want to attain? And how will you know you are successful?
* How will you go about achieving this outcome?
* How does the work create long term systemic change (refer to list in grants criteria)?
* How was the community involved in initiating this work and how do they participate ongoing?
* Do you have community partners involved in accomplishing this work? Who are they and what is their role?

**Part IV: 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 cis women, trans women, or nonbinary, and what positions they hold. ***Include both income and expenses.***
2. If you are requesting funding for a specific project, attach an additional one page itemized ***budget summary for the project***.

**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: gracegbolo@maryspence.org

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