

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

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| **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 volunteers - 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](mailto:gracegbolo@maryspence.org)

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