**COVER SHEET**

**NAME OF ORGANIZATION:**

**Address:**

**Phone:       Fax:**

**E-mail:       Website:**

**Executive Director:**

**Current Board President:**

**Primary Contact:       Title:**

**(if different than above)**

**Phone:       E-Mail:**

**(if different than above)**

**Applying for:**

**☐ Innovative program to develop, or enhance a collaboration, with at least one other 501(c)(3) nonprofit organization, to advance the well-being of women and/or children (***Letter of agreement from partner organization is required*)

**Name of Project:**

**New Project ☐ Enhancement of an Existing Project** ☐

**Total Program/Project Budget:**   **Total Organizational Budget for 1 year:**

**Briefly state your organization’s mission:**

**In one paragraph, explain how your project** **supports the mission of your organization:**

**List the project’s target population, constituents, and geographic communities:**

**Eligibility:**

The following are excluded from receiving TTN Giving Circle Funds:

* Individuals
* Intermediary funding agencies
* Government agencies
* Organizations that promote a particular religious or political ideology
* The Transition Network, Inc. or any of its chapters
* Endowment or capital projects or campaigns
* Advocacy or lobbying activities
* Speaker fees, galas and other fundraising events
* General funds, operating expenses or reduction of debt
* Nonprofits that discriminate in their hiring, those they accept as volunteers or the clients they serve on the basis of race, color, religion, national origin, sex, gender identity, sexual orientation, age, disability or any other legally protected characteristics.

**Do any of these factors apply to your organization?       If yes, please explain:**

**AGREEMENT**

*I certify, to the best of my knowledge, that all information included in this proposal is correct. The tax-exempt status of this organization is still in effect. If a grant is awarded to this organization, the proceeds of that grant will not be distributed or used to benefit any organization or individual supporting or engaged in unlawful activities.*

Signature of Executive Director Date

**PROPOSAL NARRATIVE OUTLINE**

***(3 pages maximum, please be clear and concise)***

**Organizational Background Information:**

* Provide a brief history of your organization.
* Describe your organization’s programs and services relevant to this project.
* Identify your organization’s successes and challenges, relevant to this project.

**Project Description:**

* Describe specific needs this project addresses.
* If applicable, include demographic and geographic information for the community or population benefiting from this project.
* Explain your goals and objectives for this project.
  + How do you plan to accomplish these goals?
  + How will you measure the project’s impact on the target population?
  + Who will be responsible for implementation and what is their relevant experience?
  + What is the anticipated timeline for implementation?
  + What challenges do you anticipate?
  + How will the results of the project be publicized and communicated?

**PROJECT BUDGET REQUIREMENTS**

**Project Income**

* Provide an itemized budget that identifies the sources and amounts of revenue and contributions that will be applied towards this project. Note whether sources are committed or pending. Be sure to include anticipated fundraising and in-kind support.

**Project Expenses**

* Provide an itemized project budget
* Itemize indirect expenses
* As applicable: Insurance, benefits and other related taxes, Professional fees, Travel, Equipment, Supplies, Printing and copying, Telephone and fax, Postage and delivery, In-kind expenses, Other (specify)

**DIRECTIONS FOR SUBMISSION**

**Application Packets Must Include:**

* Completed Cover Sheet (as outlined above)
* Proposal Narrative (as outlined above)
* Project Budget (as outlined above)
* Supporting Documentation
* Organizational Budget for the most recently completed fiscal year.
* Latest Annual Report or comparable documentation.
* Current List of Board Members, including affiliations, professional skills, and contact numbers.
* List of key staff. Identify relevant skill and experience for implementation of this project
* A letter of agreement from partner organization(s), if applicable.
* IRS documentation of 501 (c)(3)
* Other materials you would like to share that support your proposal

**Submit all questions and completed electronic application packet to:** [**ttngivingcircle2018@gmail.com**](mailto:ttngivingcircle2018@gmail.com)

**DEADLINES**

Applications must be received by **5 p.m. on March 2, 2018**

**Finalists will be contacted in May.**

Grant Awards will be announced by **May 31,** **2018**