

* HOLDING OUR OWN GRANT APPLICATION 2016 *

- Please refer to the [2016 Guidelines](#) when completing this form. Download guidelines [here](#) .
- Limit your proposal to this form. Do not include any additional pages or attachments.
- Applications will be accepted in English or Spanish.
- Applications must be submitted electronically. If you have difficulty with this form, please email crau@holdingourownonline.org , call 518.462.2871. For immediate assistance, text or call 518.810.9403.
- Start early to leave yourself enough time to deal with technical issues.

Name of Organization

Name of Project

Specific Communities to Be Served

Geographic Area to Be Served

The contact persons will be responsible for communicating with Holding Our Own about this application and all other project issues and contract commitments if the grant is awarded.

PRIMARY CONTACT

Title

Phone Number

E-Mail Address

ALTERNATE CONTACT

Title

Phone Number

E-Mail Address

Address

Street Address

Street Address Line 2

City

State / Province

Postal / Zip Code

Has this project, or any of the collaborating organizations, previously been funded by HOO?

Year(s)?

Is this project a collaboration?

Group(s) Collaborating on Project:

All groups collaborating on the project must be listed, including the primary group.

Group Name

Phone

Email

Mailing Address

Group Name

Phone

Email

Mailing Address

Group Name

Email

Phone

Mailing Address

1. DESCRIBE YOUR ORGANIZATION(S)

Please write a brief description of your organization and any collaborating organization listed on the previous page. Include the number of years each organization has been in existence.

Description of Organization(s)

If you have tried similar projects before, describe and explain.

If these organizations have worked together before, describe and explain.

2. DESCRIBE YOUR PROJECT

Please provide a brief description of your project. Include project name.

What is the purpose of your project?

What are your goals and objectives?

By the end of the project, what change(s) do you hope will have taken place?

3. PROJECT IMPLEMENTATION

Describe the programs and activities that will comprise the project.

Provide a time line of project activities, including start-up, all events and activities and project evaluation.

If a collaboration, describe the specific responsibilities of each listed collaborating organization.

4. LEADERSHIP OF POPULATION SERVED. On the 1st page, you were asked to list the specific populations who will be served by this project (for example: lesbians, Transgender, gender non-conforming, women of color, low-income women, young women, older women, women with disabilities, etc.) Please answer the following questions with respect to those groups listed.

How are members of these groups currently involved in planning this project?

How are specific members of these groups represented in the on-going leadership of the project? What other specific communities are represented in the leadership of the project?

5. How does this project contribute to feminist social justice, defined as the presence of structures, policies and practices within a community that empower women, girls, trans, GNC individuals and recognizes that every person is equal and infinitely precious?

6. What need does this project fulfill in the general community or in one or more specific communities? How do you know that there is a need for a project of this type?

7. Evaluation: Projects are asked to evaluate the project's impact in two key areas; 1) the stated project goals and 2) feminist social justice. Please describe the following:

A. How do you plan to evaluate and/or measure the way in which this project will influence or change: a. The participant? b. The specific communities to be served? c. The general community? d. Your organization(s)?

B. How might you use your evaluation findings to make changes in this and other projects, and in your organization?

If you need additional space to answer any of the previous questions, you may use this page.

Grant Application Budget

Using the **Sample Expense Budget** as a guide([download a copy here](#)), please provide a detailed budget of project expenses.

- Indicate if any specific expenses are funded by another source or are gifts in-kind
- As in the Sample Expense Budget, explain how each expense relates to the implementation of the project.

Please list all other **income and its sources** available to the project or projected to be raised to help pay for the project (besides what you are requesting from HOO). For example, include proceeds from event ticket sales, admissions, online donation campaigns, etc.

If you prefer, you can submit your budget in a separate excel or word document using the button below.

Expenses

Income

Total Project Budget

Total Amount Requested

Signature Page

Signature

I need others to sign

Yes

No
