**COVER SHEET**

**OBJECTIVE:**

The proposed programs should be project-specific and provide deliverables, milestones, and/or achieve measurable outcomes as possible within a year of receiving the grant. The work outlined in the proposal should be connected to long-term positive impact for women and children.

Proposal should request support for an 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 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)

**TTN MISSION:**

**The Giving Circle (“Circle”) of the Philadelphia Chapter of The Transition Network**

**(“TTN Phila”) is committed to improving the community through collective philanthropy, and to promoting projects that make it possible for women and or children/youth to have the resources, support and opportunities necessary to thrive. To achieve this, the Giving Circle will award grants to organizations that demonstrate a positive impact for women and/or children in Philadelphia.**

**NAME OF PROJECT:**

**NEW PROJECT ☐ ENHANCEMENT OF EXISTING PROJECT** ☐

1. **PROJECT DESCRIPTION:**
2. Describe specific needs this project addresses. (*If applicable, include demographic and geographic information for the community or population benefitting from this project*)
3. Explain your goals and objectives for this project:
4. How do you plan to accomplish these goals?
5. How will you measure the project’s impact on the target population?
6. Who will be responsible for implementation and what is their relevant experience?
7. What is the anticipated timeline for implementation?
8. What challenges do you anticipate?
9. How will the results of the project be publicized and communicated?

**(Please number your responses to correspond to questions.)**

**B. ORGANIZATIONAL BACKGROUND INFORMATION:**

1. Provide a brief history of your organization.
2. Describe your organization’s mission.
3. Describe your organization’s programs and services relevant to this project.
4. Identify your organization’s successes and challenges, relevant to this project.

**(Please number your responses to correspond to questions.)**

**C. PROJECT BUDGET REQUIREMENTS:**

**Total Program/Project Budget:** *Please submit budget for full amount of grant* - $30,000

1. **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*).

**2. Provide an itemized project budget**

1. Itemize indirect expenses
2. 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)

**(Please number your responses to correspond to questions.)**

**D . In one paragraph, explain how this grant will help to build and sustain your organization.**

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

**F. ELIGIBILITY:**

The following are excluded from receiving TTN Giving Circle Funds:

* Individuals
* 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
* Speaker fees, galas and other fundraising events
* General funds, operating expenses or reduction of debt

**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)***

**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 and identify relevant skills and experience for implementation of this project.
* A letter of agreement from partner organization(s).
* 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:** [**TTNGivingCircle2020@gmail.com**](mailto:TTNGivingCircle@gmail.com)

**DEADLINES**

Applications must be received by **5 p.m. on FRI., FEB. 28, 2020.**

***Finalists will be contacted in May. Finalists are required to make a brief presentation on the evening of Thurs., May 21, 2020, prior to voting.***

Grant Awards will be announced by **May 28,** **2020.**