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**2018 GRANT AWARD PROGRAM APPLICATION & CHECKLIST**

*Assemble the completed application with the checklist and attached materials in this order:*

1. **Instructions and Introductory Information** 
   1. Read the Submittal requirements, including the Eligibility and Restrictions [required].
   2. Sign the Acknowledgement [required].
2. **Organization Information** 
   1. Provide the requested information about your organization [required].
   2. Attach complete list of Board members [required].
   3. Attach additional information about your Organization [optional].
   4. Sign the Certification [required].
3. **Project Proposal Information** 
   1. Identify the Sunday’s Child Grant Category that best fits your project [required].
   2. Provide Summary of Project Proposal [required].
   3. Attach project narrative [required].
4. **Organization’s Efforts to Promote Equality and Inspire Inclusion** 
   1. Complete the checklist [required].
   2. Attach non-discrimination policy [required].
   3. Attach other examples [required] such as:
      1. Transgender-inclusive health insurance
      2. Programs / policies / procedures / practices that support Inclusion and Diversity, non-discrimination actions
      3. Community LGBT engagement / outreach actions
   4. Attach narrative responses to Questions 3-6 (Section IV) [required]
5. **Organization’s Budget**
   1. Attach last two years of prepared taxes (2017 and 2016) [required].
      1. If 2017 taxes are unavailable, then attach 2016 and 2015.
6. **Project Budget**
   1. Attach project budget spreadsheet [required].
   2. Attach project budget estimates [if applicable].

**Section 1: Instructions and Introductory Information**

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| --- | --- |
| ***Instructions*** | Please submit only the requested information. Use a font size between 11-12 point. ***All sections must be completed.*** Do not leave any fields bank. Please state if *Not Applicable*, or if the appropriate response is *None*. |
| ***Paper Submittal*** | One paper copy of the completed application is required. It may be submitted by Certified Mail, or delivered in-person. If mailed, it must be ***received*** by Sunday’s Child through Certified Mail by **03/16/18** to:    Sunday’s Child  Post Office Box 12972  Pensacola, FL 32591-2972  Alternatively, the paper copy can be hand-delivered to a Sunday’s Child representative on **03/16/18** at the downtown Library, 239 N. Spring Street, Pensacola, Florida between 1:00 p.m. and 4:00 p.m.  The paper copy should not be bound; it can be assembled in a three-ring binder or clipped with a binder clip. We need to be able to make copies of the package for distribution to the Focus Group reviewers. |
| ***Electronic Submittal*** | One electronic copy is also required, such as a scanned copy of the complete application package and all attachments. The electronic copy must be saved to a removable data storage device such as a USB drive. The removable data storage device will be submitted with the paper copy. |
| ***Eligibility*** | Organizations and Projects that qualify for Sunday’s Child grants must meet the following criteria:   * Applicant organization must be registered with Florida Division of Corporations as a non-profit. * Applicant organization must be registered as a 501c(3) * Applicant must have current Registration to Solicit Contributions from the Florida Department of Agriculture and Consumer Services (FDACS). * **Applicant’s policies and practices must demonstrate inclusion and equality** policies and practices within the organization and services. * Applicant organization must serve residents, and expend grant funds, fully in Escambia and/or Santa Rosa counties (defined as Pensacola Bay Area). * Applicant’s grant project must be a new program or expansion of existing program * The total project budget must use the full Sunday’s Child grant. * The project must expend funds within 18 months of award (June 2018). * All applicants must complete Letter of Intent by **January 26, 2018** to prequalify. |

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| ***Restrictions*** | Sunday’s Child does ***not*** fund the following:   * General operating expenses or overhead. * Debt reduction or operational deficits. * Grants to individuals. * Endowment funding. * Interim or bridge funding. * Partisan, legislative, or political activity. * Churches, synagogues, or other bodies of worship, with faith-based projects/programs which require participation in activities of a particular faith, denomination, or religion in order to benefit from the project or program. * Capital improvements or renovations to property for the grant project where the organization does not own or have a least a three-year lease. * Organizations which promote, endorse, or otherwise support in any way, violence, racism, sexism, or other prejudices, in any form. |
| ***Additional Information and Process*** | * An organization can only apply for one grant per year. * Each organization is responsible for deciding in which one of the grant categories to apply. * Prior organization grant winners must have completed prior project funding. * The Sunday’s Child committees that oversee the grant categories will review and evaluate the applicants for quality, contribution significance, and inclusivity. This includes research and review as well as a site visit. The designated Contact Person will need to be available to host a site visit to explain the project to the Sunday’s Child Focus Group on a mutually-agreed upon date in March or April 2018. Finalists will be notified in May 2018 for presentation to the Sunday’s Child membership for voting at the Annual Meeting in June 2018. After the presentation, a vote from members will determine the award recipients. |
| ***Acknowledgment*** | *I have read and understand the above information, including the Eligibility Requirements and Restrictions.*  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_  Signature printed name date  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Title Organization |

**Section 1 (*continued*)**

**Section 2: Organization Information**

|  |  |
| --- | --- |
| ***Organization’s Legal Name*** |  |
| ***Organization’s Name***  ***(if different than Legal Name)*** |  |
| ***Name of Executive Director*** |  |
| ***Name of Chair / President***  ***Board of Directors*** |  |
| ***Board of Directors*** | *Attach list. Include: name, profession, county and state of residence, and position for each person on the Board.* |
| ***Point of Contact***  ***for this Grant Application*** |  |
| ***E-Mail*** |  |
| ***Mailing Address of Organization*** |  |
| ***Site Address (if different)*** |  |
| ***Telephone*** |  |
| ***Website*** |  |

|  |  |
| --- | --- |
| ***Year Founded*** |  |
| ***Mission Statement\**** |  |
| ***Geographic Area Served*** |  |
| ***History of Organization\**** |  |
| ***Number of Directors who contributed financially to the organization within the last 12 months.*** |  |
| ***Number of Employees (full-time, and part-time).*** |  |
| ***Frequency of Board Meetings*** |  |
| ***Date of Last Meeting*** |  |
| ***Current programs or projects\**** |  |
| \****Notes****: May attach additional pages to address the Organization’s information.* | |

**Section 2 (*continued*)Section 2 (*continued*)**

|  |  |
| --- | --- |
| ***Certification*** | |
| * *Our organization and Board of Directors authorize submission of this funding proposal.* * *Our tax-exempt status under Internal Revenue Code 501(c)(3) is current and has not been revoked.* * *We understand that if selected to receive Sunday’s Child grant award funding, we must furnish quarterly reports showing progress in completing the grant and how funds were spent, and that the funds were spent solely for the purpose for which the grant is sought as described in this application.* * *We certify that to the best of our knowledge, the statements contained in this application and attachments are true, correct, and complete, and we have the ability to carry out the grant proposal within 18 months if we are awarded a grant in June 2018.* | |
| ***Executive Director Signature*** |  |
| ***Printed Name*** |  |
| ***Date*** |  |
|  | |
| ***Chair / President***  ***Board of Directors Signature*** |  |
| ***Printed Name*** |  |
| ***Date*** |  |
| ***Notes:***   * *Executive Director and Chair / President should be two different individuals. If the Executive Director and Chair / President are the same person, please have another member of the board certify.* * *If this grant application represents collaboration between two or more non-profit organizations, then all Executive Directors and Board Chairs must sign the application (attach separate signature page).* | |

**Section 3: Project Information**

|  |  |
| --- | --- |
| ***Project Name*** |  |
| ***Project Start Date*** |  |
| ***Project End Date*** |  |
| ***Project Summary (150 words or less)*** |  |
| ***Project Narrative*** | *Attach. See guidance on following pages for discussion to include in narrative.* |

**Section 3 (*continued*)**

***Sunday’s Child Grant Category (must select one):***

|  |  |  |  |
| --- | --- | --- | --- |
| ***Check one box.*** | ***Grant Category***  ***(alphabetical order)*** | ***Grant Category Description*** | |
|  | **Animals, Environment, and Recreation** | Initiatives that promote environmental protection, restoration, or enhancement; promote health and well-being of animals; and/or promote or enhance recreational opportunities in the Pensacola Bay Area. |  |
|  | **Arts, Culture, and Education** | Initiatives that cultivate, develop, and/or enhance the cultural or artistic community of the Pensacola Bay Area; and/or further the educational process or improve access to education for children and/or adults in the Pensacola Bay Area. |  |
|  | **Economic Development and Preservation** | Initiatives that promote economic development; and/or promote protection, restoration, or enhancement of the historic heritage of the Pensacola Bay Area. Initiatives may improve the economic status of the community by promoting employment or other financial benefits. |  |
|  | **Health and Wellness** | Initiatives that improve the mental and/or physical well-being of people living in the Pensacola Bay Area. |  |
|  | **LGBT, Diversity, and Inclusion** | Initiatives that strengthen and enhance the LGBT community; and/or promote diversity, inclusion and acceptance of all people in the Pensacola Bay Area. |  |

**Section 3 (*continued*)**

***Project Narrative. Please attach separate pages, not to exceed five pages using 12-point font.***

***Address the following items as necessary to organize your narrative.***

|  |  |  |
| --- | --- | --- |
| ***Item*** | ***Category*** | ***Description*** |
| 1 | Target Population | * Describe the target population that would benefit from the project. Include demographics and the geographic area to be served. * Describe the need for the project within the community. |
| 2 | Equality and Inclusion | * Describe how this project will **promote equality** and **inspire inclusion** in support of the Sunday’s Child Mission Statement. |
| 3 | Goals | * What do you hope to accomplish? * How or why did you select this issue? * What are the measurable goals? * What is the anticipated impact on the community? |
| 4 | Activities | * How will you accomplish your goals? * What specific activities and services will be provided? * How will you manage funds to carry out the project? * Does this project have a place in your organization’s long-range plan? |
| 5 | Supporting Information | * Describe and attach proposals or cost estimates that support the grant application. * Is a permit, contract, and/or lease required to carry out the project? (Provide supporting documentation for each.) * Are site drawings and/or plans required to be prepared? (Provide supporting documentation for each.) |
| 6 | Evaluation | * How will you determine success and measure progress and outcome of the project? How will you know you have accomplished your goals? |
| 7 | Collaboration | * If your proposal is a collaborative effort, list and describe all organizations / partners required to ensure the success of the project. |
| 8 | Other Funding Sources | * Do you have other funding sources for this project? * List current funds available. * List other grants (applied or anticipated) required for successful completion of this project. |
| 9 | Timeline | * Describe the anticipated project timeline. |
| 10 | Sustainability | * How will the organization ensure sustainability and longevity of the project? * What are the future funding plans to ensure long-term success? |
| 11 | Litigation | * Disclose any pending or active litigation or judgment (within last two years) which could affect the success of the project or your organization. |
| *Note: These are optional, but recommended, items to discuss. The narrative should provide a complete understanding of the project. Sunday’s Child members will use the narrative as a basis for evaluating the project and as a basis for discussion at your Site Visit.* | | |

**Section 4: Organization’s Efforts to Promote Equality**

**and Inspire Inclusion**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| *In addition to other criteria and requirements, grant applicants are scored based on level of effort in promoting diversity and inclusion. Examples of ways to address diversity and equality include trainings, affirmative action, internal compliance, etc.*  *You may find additional resources available to guide you on our website:* [*http://www.sundayschild.org*](http://www.sundayschild.org) | | | | | |
| ***Item*** | ***Yes?*** | ***No?*** | | ***Description*** | |
| 1 |  |  | | Does the organization have a policy specifically prohibiting discrimination based on sexual orientation, gender identity, or expression for its participants? (*Participant* is defined as employee, member, volunteer, staff, subcontractor, vendor, client, associate, constituent, and/or recipient of services.)   * If yes, attach a copy of the Policy. * If yes, when was the Policy adopted? Date: \_\_\_\_\_\_\_\_ * If yes, are the organization’s participants notified and provided a copy when they begin to participate? * If no, what is the plan to adopt a policy? | |
| 2 |  |  | | If the organization has employees and offers health insurance, does the organization offer transgender-inclusive health insurance coverage (including treatment and/or procedures) to the organization’s employees?   * If yes, when did the organization begin offering coverage? Provide a copy of the coverage/policy. * If no, what is the plan to adopt coverage? | |
| 3 |  |  | | Does the organization have any programs, policies, procedures, or other mechanisms to promote diversity, equality, and non-discrimination? Please describe, and attach supporting documentation, if applicable. | *Limit text descriptions to approximately 250 words or less.* |
| 4 |  | |  | Has the organization taken action over the past year to **promote** diversity, equality, and non-discrimination consistent with the Mission and Vision of Sunday’s Child? Please describe, and attach supporting documentation, if applicable. |
| 5 |  | |  | Has the organization taken action over the past year to positively **engage** the lesbian, gay, bisexual, and transgender community in Escambia and Santa Rosa Counties? Please describe, and attach supporting documentation, if applicable. |
| 6 |  | |  | Does the organization intend to take future action to **promote** diversity, inclusion, equality, and non-discrimination consistent with the Mission and Vision of Sunday’s Child? Please describe, and attach supporting documentation, if applicable. |

**Section 4 (*continued*)**

***Non-Discrimination Policy for Sunday’s Child***

***Sunday’s Child does not and shall not discriminate on the basis of race, color, religion (creed), gender, gender expression, age, national origin (ancestry), disability, marital status, sexual orientation, gender identity, or military status, in any of its activities or operations.***

***These activities include, but are not limited to, selection and acceptance of members, volunteers and vendors, and provision of services.***

***We are committed to providing an inclusive and welcoming environment for all of our members, volunteers, staff, subcontractors, vendors, clients, associates, and constituents.***

Non-Discrimination Policy

This is the Non-Discrimination Statement for Sunday’s Child.

Please feel free to use or adopt this Policy if your organization does not currently have a Policy in place.

**Section 5: Organization’s Budget**

|  |  |  |  |
| --- | --- | --- | --- |
| *The following information should match your tax return. If your 2016 tax return is unavailable, you will need to provide information on 2015 and tax return for 2014 as well.* | | | |
|  | ***Current Year*** | ***Prior Year*** | ***Prior Year*** |
| ***2017*** | ***2016*** | ***2015*** |
| ***Beginning Cash Balance*** |  |  |  |
|  |  |  |  |
| **Revenues ($)** |  |  |  |
| Government grants (specify) |  |  |  |
| Government contracts (specify) |  |  |  |
| Foundations |  |  |  |
| Corporations / Businesses |  |  |  |
| Civic or Community Groups |  |  |  |
| United Way |  |  |  |
| Individual Contributions |  |  |  |
| Fundraising activities / events |  |  |  |
| Membership Income |  |  |  |
| In-kind Support |  |  |  |
| Investment Income |  |  |  |
| Endowment Earnings |  |  |  |
| Earned Income |  |  |  |
| Other (specify) |  |  |  |
|  |  |  |  |
|  |  |  |  |
| ***Total Revenue*** |  |  |  |

**Section 5 (*continued*)**

|  |  |  |  |
| --- | --- | --- | --- |
| *Enter information about Operational Expenses / Costs ($)* | | | |
|  | ***Current Year*** | ***Prior Year*** | ***Prior Year*** |
| ***2017*** | ***2016*** | ***2015*** |
| Salaries and Wages |  |  |  |
| Employee Benefits and Taxes |  |  |  |
| Consulting and Professional Fees |  |  |  |
| Fundraising Costs |  |  |  |
| Travel |  |  |  |
| Equipment and Supplies |  |  |  |
| Printing and Copying |  |  |  |
| Communication (phone, website, e-mail, mail) |  |  |  |
| Postage and Delivery |  |  |  |
| Rent and Utilities |  |  |  |
| Marketing and Promotion |  |  |  |
| Depreciation |  |  |  |
| Other (specify) |  |  |  |
|  |  |  |  |
|  |  |  |  |
| ***Total Expenses*** |  |  |  |
| ***Ending Cash Balance*** |  |  |  |

**Section 6: Project Budget**

|  |  |
| --- | --- |
| *Provide an estimated budget for this Sunday’s Child Grant Project. Total Revenues and Total Expenses should agree. Attach supporting documentation as appropriate.* | |
| **Project Revenues ($)** | |
| Sunday’s Child Grant |  |
| Government grants (specify) |  |
| Government contracts (specify) |  |
| Foundations |  |
| Corporations / Businesses |  |
| Civic or Community Groups |  |
| United Way |  |
| Arts Council |  |
| Individual Contributions |  |
| Fundraising Activities / Events |  |
| Membership Income |  |
| In-Kind Support |  |
| Investment Income |  |
| Endowment Earnings |  |
| Earned Income |  |
| Other (please include all funding sources) |  |
|  |  |
| ***Total Revenues*** |  |
| **Project Expenses ($)** | |
| Project Payroll Costs (Salary & Fringe) |  |
| Consultants and Professional Fees |  |
| Land / Building / Construction |  |
| Equipment, Machinery, Vehicle Purchase |  |
| Office Furniture / Fixture Purchase |  |
| Fundraising |  |
| Travel |  |
| Printing, Copying, Supply |  |
| Postage and Delivery |  |
| Rent and Utilities |  |
| Marketing and Promotion |  |
| Other (please include all funding sources) |  |
|  |  |
| ***Total Expenses*** |  |

**Section 6 (*continued*)**

|  |  |
| --- | --- |
| ***Expenses Covered by Sunday’s Child Grant.***  ***The below expenses should explain how only the Sunday’s Child funds would be used.***  ***Attach estimates and supporting documents as appropriate.*** | |
| **Project Expenses ($)** | |
| Project Payroll Costs (Salary & Fringe) |  |
| Consultants and Professional Fees |  |
| Land / Building / Construction |  |
| Equipment, Machinery, Vehicle Purchase |  |
| Office Furniture / Fixture Purchase |  |
| Fundraising |  |
| Travel |  |
| Printing, Copying, Supply |  |
| Postage and Delivery |  |
| Rent and Utilities |  |
| Marketing and Promotion |  |
| Other (please include all funding sources) |  |
|  |  |
| ***Total Expenses (adds up to Grant Amount)*** |  |

END