

## 2023 Grant Funding Questions to Expect on Your Application

Applications must be submitted through the online software, Proposal Space. Applications that are submitted using any other means will not be considered.

To make it easier for applicants to coordinate internally with teams on completing the application, we've made it easier to view the entire list of questions on the application prior to viewing it on Proposal Space. Below are the questions you can expect to see on your application. Final applications must be submitted by September 22nd.

### GRANT FUNDING AREA

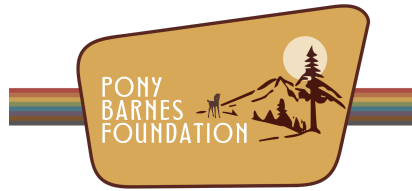
- Which grant are you applying for? Please refer to the types of funding on our website for specific program details & eligibility before continuing. Note that Dr. Barnes Learning & Leadership Program objectives have changed since last year. If your organization would like to be considered for more than one area of funding, you must submit an additional application for that fund.
  - The Dr. Barnes Learning & Leadership Program
  - The Rainbow Families Fund

### APPLICANT DETAILS

- Applicant's Name
- Pronouns
- Job Title
- Phone Number
- Email Address
- Grant Coordinator Name (If Different)
- Grant Coordinator Position (If Different)

### ORGANIZATION INFORMATION

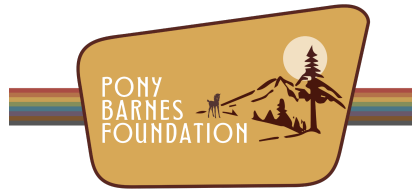
1. Organization Name
2. Organization's Address
3. Organization's Website
4. Organization's EIN Number
5. When was your organization founded?
6. Which of the following does your organization offer? (select all that apply)
  - a. Day Camp



- b. Residential Camp
- c. Family Camp
- 7. Is your camp ACA accredited?
  - a. If not, does your camp have plans to receive ACA accreditation?
- 8. List any additional accreditations or awards your organization possesses.
- 9. Upload Your IRS Determination Letter.
- 10. Describe your organization (mission, purpose, demographics and size of population served.)
- 11. Provide a brief overview of your organization's experience in working with LGBTQ+ communities.
- 12. Does your organization have any existing partnerships or collaborations with LGBTQ+ organizations or community groups? If yes, please describe.

### PROPOSAL

- 13. Describe the proposed program to be served by this grant, including the purpose and expected outcomes, and specifically how the objectives of your program meet the objectives of the grant requested. Please also include the duration of the program, any anticipated challenges and how you will overcome them, as well as your specific need for funding.
- 14. Describe who and how many individuals will be impacted by your program. We are particularly interested to know the number of LGBTQ+ youth, LGBTQ+ families, staff, and campers who will be impacted by your program.
- 15. How will you prioritize values of diversity, equity, and inclusion within your program?
- 16. Please upload a comprehensive timeline for key project milestones, including when you will implement the program (Q1, Q2, Q3, Q4, etc.) and goals and metrics to measure the success of your program.
- 17. Amount of Funds Requested.
- 18. Upload an itemized outline of the budget for this specific project.
- 19. If we can't fund the entire amount requested, would you still like to be considered?
  - a. If so, what is your highest priority area in terms of funding?
- 20. Why is this initiative important to your organization at this particular point in time?



21. How do you plan to sustain this program with resources, staffing, and support over time?
22. What metrics will you use to measure the success of your program?
23. How does your program align with PBF's mission and its values of community, acceptance, belonging, learning, and leadership?
24. Please include any other information you'd like us to know.

### ACKNOWLEDGEMENTS

I hereby confirm and certify that all of the information above is accurate and truthful to the best of my knowledge and has been written and submitted by me, an authorized representative of my organization. I certify that I meet all eligibility requirements as specified on this application. I release this information to the Pony Barnes Foundation and its staff for the purposes of evaluating my application. I understand that the information given may be investigated and that any false representation and/or evidence of plagiarism is sufficient to cause for rejection of this application or forfeiture of all awarded funds.

- Electronic Signature
- Date