SISTERS EMPOWERING SISTERS

2005 Request for Applications



Who are we?

Sisters Empowering Sisters is made up of a diverse group of young women from all over Chicagoland, between the ages of fifteen and eighteen. We help bring the voices of young women to Girl's Best Friend Foundation (a Chicago-based, feminist foundation that supports programs that ensure girls' power and well-being). We believe that girls and young women have the potential to achieve anything they want, if they are given the chance. We are giving grant money to groups of girls who want to create and be a part of projects and activities that create positive, progressive change for girls.

Who can apply for grant money?

Groups of girls and young women who are:

- between the ages of eight and eighteen,
- in the Chicagoland area,
- working with an adult advisor, and
- connected to a nonprofit organization with 501(c)(3) status.

PLEASE NOTE: We will consider applications from mixed-gender groups, as long as young women's leadership in the project is *very* clear

How do you ask for grant money? Girls and Young Women should:

- complete the attached application, pledge form, and budget page (use this application or a copy, do not retype);
- ◆ attach a copy of the nonprofit organization's 501(c)(3) letter; and
- ♦ send the application, budget page, and 501(c)(3) letter to: Sisters Empowering Sisters c/o Girl's Best Friend Foundation 900 North Franklin, Suite 210 Chicago, Illinois 60610
- or fax it to (312) 266-2972 (Attn: SES)



How much grant money can you ask for?

Grant applications can request up to \$3,000 for a project. We also give 10% over the total grant amount for evaluation of the project. So if a group gets a grant of \$1,000 they also receive an additional \$100 to find out what worked well, what they would do differently and why.

VERY IMPORTANT!

Girls/Young women must complete the application and budget, develop the project ideas and participate in directing the activities. Adults can help, but the girls/young women have to be the driving force of the grant request and project or activity.

What will we fund?

We are interested in funding projects and activities for girls/young women that are **developed**, **led**, and **directed** by girls/young women. These projects and activities must:

- **be unique** different, not something that a lot of other people are doing.
- be nontraditional something that girls or young women don't usually do; something that challenges the status quo or breaks down stereotypes.



- encourage progressive, positive change in the lives of girls and young women positively affect girls
 and young women inside and outside of your planning group. The project must benefit, not just be run by,
 girls and young women.
- ♦ take place within the Chicagoland area this includes metro Chicago, as well as the collar counties.
- ♦ In sexuality education programs, we will only fund COMPREHENSIVE sexuality education (if you have questions about what this means, please call Yas at 312/266-2842).

Some of the issues that interest us include (but are not limited to): leadership, health, teen pregnancy and parenting, sexuality issues, arts, anti-violence work, community organizing, and community service.

Who have we funded in the past?

Some of the programs that we have funded in the past include the *Teen Talk* group at Curie High School which created a safe space for students of all genders to access honest, accurate information about sexuality and relationships. We also funded a group of young women on the South Side to create a documentary for girls interested in non-traditional careers for women. For more information on past grantees, check out the GBF website: www.girlsbestfriend.org.

What we don't fund.

Individuals, scholarships, or projects developed by adults.

What if the organization that you work with is either applying for or is currently using grant money from Girl's Best Friend Foundation?

Sorry, your group <u>cannot</u> apply for grant money from SES if the organization that you work with is either currently applying for or using grant money from Girl's Best Friend Foundation for the <u>same project or activity</u> that your group has developed. But your group <u>can</u> apply for a <u>different project or activity</u>.

If you received an SES grant in January of 2005 and have not yet completed your project or submitted a final report, please contact Yasmin regarding your eligibility for this SES grant cycle, if you haven't already done so.

When would your group get grant money?

If your group is being considered for a grant from SES, we will visit your group from November 14th through the 19th, to ask questions and get more information about your project. Final grant decisions will be made in December, 2005 but *checks will not be sent out until January 2006*. All applicants will receive a letter that will tell you whether or not your group has been awarded grant money.

What if your group doesn't get grant money?

Please don't take it personally. We have a limited amount of money and our guidelines are very specific (see front page) – besides, you can always try again next year!

HEY EVERYBODY!!!!!

SES Application Deadline

Thursday, Nov. 3, 2005 at 5:00 p.m. Late applications will not be accepted.

Have Questions?

Call Yas Ahmed at (312) 266-2842 or

e-mail vasmin@girlsbestfriend.org



SISTERS EMPOWERING SISTERS**

The Young Women's Grantmaking & Social Change Program of Girl's Best Friend Foundation

2005 Grant Request Application

Please Print Using a Blue or Black Pen

Send <u>this</u> completed grant request application form to Girl's Best Friend Foundation 900 North Franklin, Suite 210, Chicago, Illinois 60610, by Thursday, November 3^{rd} , by 5:00 p.m. (you can photocopy this application, but please do not retype it.) Don't forget to attach a copy of the 501 (c)(3) letter of the sponsoring nonprofit organization that you are working with. Late applications will not be accepted.

Applications MUST be handwritten BY GIRLS, NOT ADULTS.

Name of Sponsoring Organizati	on				_
Executive Director of Organiza	ation				_
Name of Project					_
Street Address	City		State	Zip	-
Phone	_ Fax	E-Mail			_
How'd you hear about SES/GBF	.5				
Girl or Young Woman Leader(s)					
Adult Advisor(s)			•	ne	
Number of girls/young women i If site visited, where will your		•	· funding t	from GBF?	_
Is your program and meeting si lesbian/bisexual/questioning/tr children etc.)? How do you inclu	ransgender girls, girls of co	olor, girls with limite	ed Englis	sh proficiency, girls witl	1
					_
Please list <u>three</u> possible dates after school and Saturday tin				•	

Will you need any assistance, if site visited? (i.e. translator, personal assistant, etc) Yes No

GBF will cover the costs of any such assistance, so please describe what kind of assistance you'd need.
1. Describe your project. What is the goal of your project? What will you do? How will you do it? Please
answer all of these questions in the space below. Use the Additional Information Sheet (page 6), if necessary.
2. Why is your project important or needed?
3. How will your project impact or make progressive, positive change for girls and/or young women both inside and outside of your program?
4. Where will the project take place (for example neighborhood, actual location etc.)?

5. When will your project begin and end? Tell us when you will work on the project- time, dates, and hours.
6. What community resources, organizations, etc. will you use?
7. What problems (such as time conflicts, meeting site do you think you might have? How will you solve them?
8. Evaluation: How will you find out if your project made a difference (for example, give surveys to project participants, have girls who planned the event write about their experiences, etc.)?
9. Are you applying for a grant from any other organization or foundation for this project? If so, please specify:
organization or foundation
project name
grant amount requested from other foundations
grant amount received from other foundations
Please note: this information will in no way affect your chances of getting funded by SES

APPLICANT MEMBERSHIP PLEDGE

Please print the name of each planning group member below. Each planning group member must read the statement below and sign next to their name. Attach another sheet if necessary. The application will be considered incomplete if the planning members' names, signatures and ages are not entered below.

If awarded a grant, we will begin the project by the date we stated. We will keep a record of expenses and prepare a short report on our progress and on the results of our project. We promise to work hard and give this project our best efforts.

	Name	Signature	Age
1			
2			
3			
4			
5			
6			
7			
10.			
			
24.			

Sisters Empowering Sisters Project Budget Sheet				
Item	Quantity	Individual Cost/ Total Cost	What will this item be used for?	
Supplies and Equipment				
Transportation				
Refreshments				
Stipends				
Adult				
Girl/Young Woman				
Miscellaneous/Other Expe	nses			
Total Cost of Project or	Activity			
Total Cost of Project or Activity				
Total Amount of Grant M	oney You are Requesting f	rom SES		

Please explain how you have determined the cost of larger items such as audio visual equipment.

This application was adapted from the Student Services and Philanthropy Project Resource Guide, created by Surdna Foundation and the New York City Board of Education.

Additional Information

If you think all the information we need is in the application, don't feel like you have to write more on this page. However, if you ran out of space, or would like to let us know something else, then please feel free to use this sheet.	
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Hey look! You're done! Thanks for sharing your project idea with SES. You will hear from us soon. See the 2005 Request for Applications for more details!

