

GIRL'S BEST FRIEND FOUNDATION PROPOSAL SUMMARY SHEET

2004-2005

PLEASE PRINT OR TYPE THIS 2-PAGE FORM*

I. ORGANIZATION INFORMATION

NAME OF ORGANIZATION: _____

PROJECT NAME (if applicable): _____

EXECUTIVE DIRECTOR/PRESIDENT: _____

TITLE: _____ EMAIL: _____

PROGRAM PERSON: _____

TITLE: _____ EMAIL: _____

DEVELOPMENT PERSON: _____

TITLE: _____ EMAIL: _____

ADDRESS: _____

CITY, STATE, and ZIP CODE: _____

TELEPHONES: (____) _____ FAX NUMBER: (____) _____

WEBSITE: _____

DO YOU HAVE A 501 (C) (3) TAX EXEMPTION LETTER FROM THE IRS? YES/NO (please circle)

PLEASE BRIEFLY DESCRIBE THE PROJECT/PROGRAM REQUEST. IF YOU RECEIVE A GRANT, THIS INFORMATION WILL BE USED IN GBF PUBLICATIONS:

II. FINANCIAL INFORMATION

FISCAL YEAR: begins _____ ends _____

TYPE OF SUPPORT REQUESTED: (circle one) _____
Month Month

General Operating Project

REQUESTED AMOUNT: \$ _____ PROJECT BUDGET: \$ _____

CURRENT ANNUAL ORGANIZATIONAL BUDGET: \$ _____
Support/revenue Expenses

LAST FISCAL YEAR ORGANIZATIONAL ACTUAL: \$ _____
Support/revenue Expenses

*You can replicate this form on your PC if that is easier. Please create a similar format.

PAGE 2, PROPOSAL SUMMARY SHEET

III. DEMOGRAPHIC INFORMATION

GBF requests demographic information from each applicant organization as one tool to understand who is included in the leadership, governance, and overall work of the organization. We look for evidence of multi-dimensional diversity (such as age, ethnicity, ability, sexual orientation, limited English proficiency, socio-economic) and other efforts to combat discrimination and promote coalitional approaches to social change, including the leadership and participation by those traditionally excluded, such as girls and young women, people of color/minorities, girls and women who are LGBTQ (lesbian, bisexual, transgender and questioning), and people with disabilities.

Please include a short paragraph or set of bullet points describing the composition of your board of directors and staff. Please see GBF's website for a sample (the GBF staff), http://www.girlsbestfriend.org/about_us/gbf_staff.html.

BOARD: Total # of people: _____

-
-
-
-

STAFF: Total # of people: _____

GEOGRAPHIC AREA:

(Circle one) Local Statewide National

Please list your: City/Municipality: _____

Neighborhood/Community Area (if applicable): _____ County: _____

AGE GROUPS YOU ARE SERVING: (please circle) Ages 8-11 Ages 12-15 Ages 16-18 Ages 19-21

AREAS THAT BEST DESCRIBE YOUR PROGRAM FOCUS (check the one or two most appropriate):

- | | |
|--|--|
| <input type="checkbox"/> Arts/Media | <input type="checkbox"/> Math/Science |
| <input type="checkbox"/> Capacity Building | <input type="checkbox"/> Physical and/or Mental Health |
| <input type="checkbox"/> Domestic Violence/ Sexual Assault/ Safety | <input type="checkbox"/> Reproductive Rights |
| <input type="checkbox"/> Economic Literacy/ Employment | <input type="checkbox"/> Sports/ Recreation |
| <input type="checkbox"/> Education | <input type="checkbox"/> Technology |
| <input type="checkbox"/> Housing/ Homelessness | <input type="checkbox"/> Other – Please describe |
| <input type="checkbox"/> Leadership Development | _____ |
| <input type="checkbox"/> Literacy | _____ |

IF YOU DID NOT HAVE TO CHOOSE FROM THESE OPTIONS, HOW WOULD YOU DESCRIBE THE PRIMARY FOCUS OF YOUR PROGRAM OR ORGANIZATION?

POPULATION(S) OF GIRLS AND YOUNG WOMEN SERVED (check the most appropriate):

- Homeless Disabled Gang Involved LGBTQ Immigrant or Refugee
 General Population Low Income Ward of the State Survivors of Sexual Assault or Physical Abuse
 Other – Please Describe _____

ETHNIC AFFILIATION OF GIRLS AND YOUNG WOMEN SERVED (PLEASE CHECK ALL THAT APPLY AND APPROXIMATE WHAT % OF YOUR CONSTITUENCY IS FROM THESE COMMUNITIES)

- | | | |
|----------------------------|----------------------------------|---------------------------------|
| __ (%) African American | __ (%) Asian/Pacific Islanders | __ (%) Caribbean/ West Indian |
| __ (%) European American | __ (%) Latina | __ (%) Middle Eastern |
| __ (%) Multiracial | __ (%) Native American | |
| __ (%) Other | | |

EXECUTIVE DIRECTOR, PRESIDENT, OR BOARD CHAIR: (please print) _____

Signature: _____ Date: ____/____/____