**Individual, Family, and/or Community Member or Business**

**INSTRUCTIONS**

There are specific instructions below for each section of the application.

Once submitted, your application will be reviewed and you will be notified within 45 days of the award decision. Unfortunately, due to high need and interest, we must decline many more applications than we move forward. You’ll have an opportunity to speak with the staff member who reviewed your application for more information behind our decision.

Tips for completing this application:

* This form has multiple sections. Sections are outlined in boxes and indicated with a **blue heading**. Within each section, there are questions/prompts, some of which have instructions or descriptions below them in italicized text.
* Required questions are identified by a red asterisk (**\***).
* Only complete applications will be considered.
* Send application questions to [findingfreedomandfire@gmail.com](mailto:findingfreedomandfire@gmail.com)
* Submit completed application form and written narrative (as attachment uploads) at [www.findingfreedomandfire.org](http://www.findingfreedomandfire.org)

**ELIGIBILITY**

Eligible applicants include individuals, families, and/or community members and businesses on behalf of themselves or another in which they have a vested interest.

* Applicants must be 18 years of age or older.
* Applicants ***may*** apply for funding to be utilized to support an individual under the age of 18.

**POTENTIAL PROJECTS/ACTIVITIES TO BE FUNDED**

There are many types of wholistic interventions and approaches that promote healing and wellness, and overall improve health and functioning in humans. Many of these are under-utilized, not readily available, and/or cost prohibitive for individuals, families and/or community members.

Finding Freedom and Fire Foundation hopes to break down barriers to these are powerful options to ignite people and communities thrive. Some examples for successful projects/activities to be funded may include:

* Mindfulness, yoga and meditation;
* Body work & acupuncture;
* Alternative specialty therapies and coaching typically not covered by insurance;
* Movement, music and expressive arts;
* Nutrition-based intervention;
* Nature and outdoor programming;
* Equine and other animal-based interventions.

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| **Primary Contact Information** | |
| *This contact is the intended recipient of award funds and will receive all correspondence related to this request.* | |
| **Name\***  *Name of the person applying.* |  |
| **Address\*** |  |
| **City\*** |  |
| **State\*** |  |
| **Zip Code\*** |  |
| **Phone\*** |  |
| **Email\*** |  |

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| **Intended Recipient for Awarded Funds** | |
| *This is the person, or persons, for which the awarded funds will be utilized.* | |
| **First Name\*** |  |
| **Middle Name** |  |
| **Last Name\*** |  |
| **If a family or group of individuals, list all:** |  |
| **Recipient Contact Address**  Same as primary contact address  *Leave the box unchecked if Primary Contact has different address and provide the information below.* | If the Recipient’s address is the same as the Primary Contact’s address you included above, mark the checkbox. |
| **Address** | Complete if address is different. If the same, leave blank. |
| **City** |
| **State** |
| **Postal Code** |
| **Phone** | Complete if contact phone is different than primary contact phone. |
| **Email\*** | Complete if email is different than primary contact phone. |

**Request Details**

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| **Request Information** | |  |
| **Amount Requested**\* | *Enter in whole dollars the amount you are requesting.*  *Note: Award limitations are not specified.* | $ |
| **Duration of Requested Grant Period\***  *Please use months up to a maximum of 6 months.* | |  |
| **Brief Summary of Request/Need to Be Met with Awarded Funds\*** | | |
| ***Target Population*** | | |
| Select at least one (1) of the specific target populations to be supported that best reflects your request.  If you are unsure of which program area to select, choose Other/Unsure. | | |
| **Target Population \*** | “Other/Special Population” may include focus on specialized needs, status, demographics, etc. (ex: SOGIE, foster care, developmental disability, disproportionately represented individuals, other health impairments, economically disadvantaged) | Child/Adolescent (0-18)  Transition Aged Youth (16-25)  Adult  Elderly (65+)  Students  Other/Special Population: \_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| ***Geographic Focus*** | |
| Select the geographic area(s) where the individual(s), family(ies), and/or community member(s) are to be supported that best represent your request. | |
| **Geographic Area(s) of Focus** | National  Statewide  Local Geography/Area  State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  County: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  City/Town and Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **External Service Providers/Vendors To Be Utilized\***  *Include name(s) and contact information for the identified external service providers/vendors who will be used to meet grant deliverables.*  *If unknown/undetermined at the time of application, please detail your plan for research, identification and securing appropriate providers or services/supports.*  ***Note****: Awarded funds will* ***NOT*** *be dispersed without an identified vendor agreement for services to be provided.* |  |
| ***Request Narrative*** | |
| Please include a narrative that describes the following:   * The needs/issue(s) the grant/scholarship will address and intended recipient(s). * What strategies, if any, have already been tried to support the above needs? What has worked and what have been the barriers/challenges? * How grant funds will be utilized to address the identified issue(s) listed above (please include specific strategies, approaches and activities). * Expected outcomes/indicators of success. What is your hope for “success”? What will improved health and wellness look like? * How your request aligns with the mission, vision and values of Finding Freedom and Fire Foundation. * How do you plan to sustain the supports/services after the funds have been expended, if there is still a need and desire? * Brief “budget” indicating the planned use of awarded funds. Budget should include, at minimum: costs of contracted services/vendors and any related supplies/materials.   Please limit the request narrative to no more than four (4), single-spaced pages, using a 12-point font and one-inch margins. Accepted file types are Microsoft Word (.doc or .docx) and Adobe PDF (.pdf). | |

**Additional Information**

* Finding Freedom and Fire Foundation may choose to award funding amounts in full, or part, of approved applications. Additional information may be requested to help determine final award decision.
* All awarded funds MUST be expended on defined project deliverables only. Any unspent funds are subject to recovery at the end of granted term.
* All grant recipients will be required to provide periodic progress reports to describe how the proposed activity(ies) are going and how funds are being used. Award recipients will be expected to comply with all requested grant reporting and provision of supplemental materials.
* Excluded Uses of Funds: Awarded funds may NOT be used for the following:
  + Illegal and/or unethical practices or activities
  + Other – may be identified by funding guidelines specific to grant category/funding source