**Non-Profit, School and Community Based Organizations**

**INSTRUCTIONS**

There are specific instructions below for each section of the application. **Please note all responses should refer to the organization/entity applying, unless otherwise specified.**

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 nonprofit public agencies, public schools, and community-based organizations or businesses. Nonprofit applicants must have Section 501©(3) status and be classified as a public charity.

**POTENTIAL PROJECTS/ACTIVITIES TO BE FUNDED**

There are many types of wholistic interventions and approaches that promote healing and wellness, regulate the nervous system, help to rewire the brain when there has been trauma, and overall improve health and functioning in humans. Many of these are under-utilized, not readily available, cost prohibitive and/or restricted by County, State and Federal funding regulations and contracts.

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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| **Organization Contact Information** | |
| **Organization Name\***  *Name of the organization applying.* |  |
| **Address\*** |  |
| **City\*** |  |
| **State\*** |  |
| **Zip Code\*** |  |
| **Phone\*** |  |
| **Website** |  |

|  |  |
| --- | --- |
| **Primary Contact for this Request** | |
| *This contact will receive all correspondence related to this request.* | |
| **Prefix\*** |  |
| **First Name\*** |  |
| **Middle Name** |  |
| **Last Name\*** |  |
| **Title\*** |  |
| **Primary Contact Address**  Same as organization address  *Leave the box unchecked if Primary Contact has different address and provide the information below.* | If the Primary Contact’s Address is the same as the organization address you included above, mark the checkbox. |
| **Address** | Complete if address is different than organization address. If the same, leave blank. |
| **City** |
| **State** |
| **Postal Code** |
| **Phone** | Complete if primary contact phone is different than organization phone. |
| **Email\*** |  |

**ORGANIZATION BACKGROUND**

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| --- | --- |
| **About the Applicant Organization (All responses should refer to the organization doing the work)** | |
| **Date Organization Established**  *Please provide the date the organization began its work. If you do not have the exact date, use January 1 followed by the year the organization was established — for example, 01/01/2001.* |  |
| **Mission Statement** | |

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| **Financial Information (All responses should refer to the organization applying)** | |
| **Current Fiscal Year**  *If your fiscal year spans over two years, select the end year.* |  |
| **Current Fiscal Year Operating Budget**  *Please use whole dollars.* | **$** |

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| **Employer Identification Number (EIN)** | |
| **EIN\***  *If your organization/project falls under the umbrella of a larger tax-exempt organization—sometimes referred to as a fiscal sponsor—then use that organization's EIN.* |  |
| **Mark "Yes" if the EIN entered above is for your organization's fiscal sponsor. Mark "No" if the EIN is registered to the submitting organization.\***  YesNo |  |

**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 12 months.* | |  |
| **Brief Executive Summary of Request\*** | | |
| ***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: \_\_\_\_\_\_\_\_\_\_\_\_\_ |

|  |  |
| --- | --- |
| ***Type of Support*** | |
| Identify which portion of this grant request is for **operating support** and which portion is for **project support**.  **Operating Support** may include providing salaries for key administrative staff; covering operating expenses (e.g., rent, phone, office supplies); sustaining ongoing program efforts and maintaining existing services.  **Amount** requested for **operating support? \*** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Project Support** refers to the development of a new, or expansion of a specific, program or efforts to address health and wellness services aligned with the Freedom and Fire Foundation mission, vision and values for the target population.  **Amount** requested for project **support?\*** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| ***Geographic Focus*** | |
| Select the geographic area(s) to be supported that best represent your request. | |
| **Geographic Area(s) of Focus** | National  Statewide  Local Geography/Area  State(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  County(ies): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  City(ies)/Town(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **External Service Providers/Vendors To Be Utilized**  *Include name(s) and contact information for any identified external service providers/vendors who will be used to meet grant deliverables.* |  |
| ***Request Narrative*** | |
| Please include a narrative that describes the following:   * The needs/issue(s) the organization or project will address. * Which geographic area(s) and population(s) will be served or targeted and why. * 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 deliverables/outcomes/indicators of success. * How the proposed work aligns with the mission, vision and values of Finding Freedom and Fire Foundation. * How the organization plans to sustain deliverables after the grant period is over/funds have been expended. * How the organization’s current work is addressing diversity, equity and inclusion. * Two key accomplishments of the organization. * Two references of the organization, including contact information. * Line-Item Budget - include a brief line-item budget indicating the planned use of awarded funds. Budget should include, at minimum: salaries/benefits; contracted services/vendors; operating expenses; and 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.
* As part of grant-reporting expectations, all awarded entities will be expected to provide requested demographic data/information so that we may continue to monitor how our mission is supporting diversity, equity and inclusion efforts, at large. This data will be confidentially maintained. When used by Finding Freedom and Fire Foundation for public and/or external reporting requirements, data will be aggregated whenever possible to promote privacy. Requested data will include:
  + Board Member Demographics
  + Organization Leadership and Staff Demographics
  + Target Population Served Demographics
* Excluded Uses of Funds: Awarded funds may NOT be used for the following:
  + To supplant Local, State, and/or Federal funding intended to address proposed deliverables
  + Contributions to political campaigns, activities supporting political candidates, lobbying efforts, and other such political efforts
  + Contributions to capital campaigns
  + Research
  + Annual fund drives
  + Fundraising events/activities
  + Resolution/retirement of debts
  + Illegal and/or unethical practices or activities
  + Other – may be identified by funding guidelines specific to grant category/funding source