



CHECKBOX GRANT RENEWAL APPLICATION

Organization Name (*as it appears on 501(c)(3) letter*):

Fiscal Sponsor (if applicable):

Name to appear on check:

Address to send check:

City/State/Zip Code:

Contact Name:

Contact Title:

Contact Phone:

Contact Email:

Grant Requested: ☐ Single-year

Grant Type: ☐ General Operating ☐ Program/Project

Program/Project Title (if applicable):

Total Project Budget (if applicable):

Total Operating Budget:

PROGRAM UPDATES

We try to reduce administrative burdens as much as possible; however, in order to help us understand if our intersectional feminist missions are still aligned or if there have been significant changes to your organization or programming from the original proposal, please fill out the following:

1. Are you continuing your programming into the upcoming year?

☐ Yes (see question 2.) ☐ No

2. Does your organization or programming still fit clearly in our intersectional feminist focus, emphasizing the intersection of gender AND racial equity, rather than just one or the other?

☐ Yes ☐ No

3. Have there been any significant organizational or program changes since the last proposal or grant period?

☐ Yes (see question 3a.) ☐ No

3a. If yes, were the changes explained in an update to the Foundation (by email, newsletter, phone call with Foundation staff, annual report, etc.)?

☐ Yes ☐ No (see question 3b)

3b. If no, please provide a brief description.