|  |
| --- |
| **Proposal Cover Sheet** |
| 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: [ ]  3-year contingency (Future payments are not guaranteed and are contingent upon a satisfactory annual evaluation either by phone call, brief grant report or other written documentation already generated) | Grant Type: [ ]  General Operating  [ ]  Program/Project |
| Program/Project Title (if applicable):  |
| Total Project Budget (if applicable):  | Total Operating Budget: |
| If applicable, list any personnel policies that address gender equity, such as robust parental leave, relationship abuse workplace policies, flex time, or day care:  |

We try to reduce administrative burdens as much as possible; however, because we have limited funding, we ask for a proposal in order to help us understand if our intersectional feminist missions are aligned and we request budget information to understand the possible impact of our grantmaking.

**Please attach this Proposal Cover Sheet to the Proposal Narrative in one combined document and email the attachments (listed below) to Foundation staff:**

* Cover sheet
* Proposal Narrative (please feel free to cut and paste from a proposal you have submitted to us or another funder, or use content from your website)
* Current operating budget, showing revenue and expenses
* Proposed project budget (if applicable), showing revenue and expenses
* Copy of IRS final determination letter for 501(c)(3) status (must reflect organization’s current name)
* Most recent Form 990