

Ripley Memorial Foundation Grant Application Form 2011

Date of application: _____

ORGANIZATION INFORMATION

<i>Name of organization</i>		<i>Legal name, if different</i>	
<i>Address</i>		<i>City, State, Zip</i>	<i>Employer Identification Number (EIN)</i>
<i>Phone</i>	<i>Fax</i>	<i>Web site</i>	
<i>Name of top paid staff</i>	<i>Title</i>	<i>Phone</i>	<i>E-mail</i>

Is your organization an IRS 501(c)(3) not-for-profit? Attach a copy of letter. _____ Yes _____ No
 If no, is your organization a public agency/unit of government? _____ Yes _____ No

Geographic area served: _____ Number of people served: _____

Race/ethnicity of participants: _____

Project dates: _____ Fiscal year end: _____

PROPOSAL INFORMATION

Summarize the request in 2-3 sentences:

BUDGET SUMMARY

Dollar Amount Requested:	\$ _____
Total annual organization budget:	\$ _____
Total program/project budget (for support other than general operating):	\$ _____
Percentage of expenses that go directly to program activity:	% _____
Percentage of expenses that go to management and fundraising combined:	% _____
Average annual cost per participant	\$ _____

AUTHORIZATION

Name and title of top paid staff or board chair: _____

Signature _____

Proposal Narrative

Please limit the narrative to no more than five pages (Section A, B, and C).

A. Organization

1. Briefly summarize your organization's history, including the date your organization was established.
2. What is the mission of your organization?
3. Provide a brief description of your organization's current programs or activities, including any service statistics and strengths or accomplishments.
4. Number of:
Board members _____
Full-time paid staff _____
Part-time paid staff _____
Volunteers _____

B. Purpose of Grant

1. What is the specific program you are seeking funding for? _____
2. What are the primary goals of this program and any unique aspects you would want others to know?
3. What percentage of program time is focused on teen pregnancy prevention? _____%
4. How many people are served by this program each year? _____
5. Does your program address second pregnancy prevention? _____
6. On average, how many hours of programming per year does each participant receive? _____
7. Describe the population that is served by your program (age, gender, racial or cultural identity, socio-economic status). What puts this group at-risk for teenage pregnancy?
8. What is the geographic area served by your program? County _____
City(ies) _____ Local area _____
9. How would you classify this program? (Check all that apply)
_____ A. Sex/Pregnancy Prevention Education
_____ B. Reproductive Health / Contraceptives
_____ C. Youth Development
_____ Other: _____

C. Program Specific Information

Overall, there are three broad categories of teen pregnancy prevention programs: 1) Sex/Pregnancy Prevention/ Education, 2) Reproductive Health (contraceptives) and 3) Youth Development. A program may simply fall within one category or may combine two or rarely all three of the categories. Please complete only the section(s) that pertain to your program.

1) SEX / PREGNANCY PREVENTION EDUCATION

- a.) Approximate the percentage of your program devoted to Sex/HIV Education _____%.
- b.) What information/programming does your program provide that would help young people avoid sexual behaviors that lead to a pregnancy or an HIV/STD infection?
- c.) Does your program utilize a research-based curriculum or strategy? If so, please describe the curriculum/strategy and its implementation.
- d.) How does your program deliver messages about abstinence and/or contraception? How and how often are these messages reiterated and reinforced?
- e.) How do you ensure the accuracy and completeness of your pregnancy prevention information?
- f.) What does your program do to address social pressures that influence sexual behavior?
- g.) How does your program teach communication, negotiation and refusal skills?
- h.) What teaching strategies are utilized?
- i.) What do you do to ensure that your materials and methods are appropriate to the age, sexual experience and culture of your participants?
- j.) What is the dosage of your program? (How long does it last and on average, on how many hours of programming would an average participant receive in one year?)

2) REPRODUCTIVE HEALTH / CONTRACEPTIVE PROGRAMS

Approximate the percentage of your programming devoted to counseling teens and providing contraceptives: _____%

- a.) What information about pregnancy prevention, abstinence and contraception is given to your participants? How is the information given?
- b.) Does program staff engage in one-to-one discussions with teens about their sexual behavior and sexual decisions? How are these discussions structured?

- c.) What messages does your program promote about contraceptive use and sexual behaviors? How does your organization ensure that these messages are consistently communicated to teens?
- d.) Does your program provide contraceptives to teens? What contraceptives are offered? Are there discounts for teens without insurance or financial resources?
- e.) How does your program ensure that teens are using the contraceptives properly and consistently?

3) YOUTH DEVELOPMENT

- a.) Approximate the percentage of your programming focused on youth development _____%
- b.) Briefly describe your youth development programming.
- c.) Are participants required to provide community service or participate in service learning? ___ Yes ___ No If yes, please describe.
- d.) Does your youth development programming provide any sexuality education? ___ Yes ___ No If yes, please describe.
- e.) Does your program make referrals or provide transportation to reproductive health services? ___ Yes ___ No If “Yes,” please describe.

D. Evaluation

1. Please complete the logic model on the following page to describe your program. Refer to the online guide from the Kellogg Foundation if you need additional assistance with this model: <http://www.wkkf.org/knowledge-center/resources/2006/02/WK-Kellogg-Foundation-Logic-Model-Development-Guide.aspx>
2. What are the procedures for collecting and analyzing outcome data?
3. How are these outcomes being measured?
4. If you received a Ripley grant last year (2010) and are reapplying, please answer the following:
 - a. What progress have you made toward your original goals and objectives?
 - b. Were there any unanticipated results, either positive or negative?
 - c. Have you made any changes based on these results?

RESOURCES	ACTIVITIES (Program components)	OUTPUTS (Frequency & duration of program components)	SHORT TERM OUTCOMES (Expected change in skills, attitudes, & knowledge)	IMPACT (Expected change in behaviors or conditions)
In order to accomplish our set of activities, we will need the following:	In order to address our problem or asset, we will accomplish the following activities:	We expect that once accomplished these activities will produce the following evidence or service delivery:	We expect that if accomplished these activities will lead to the following changes in 1–3 years:	We expect that if accomplished these activities will lead to the following changes in 3+ years:

E. Required Attachments

- Cover Letter
- Copy of 501(c)3 letter
- Program Budget
- Annual Report
- Audit with management letter or Form 990
- Brief bio of program staff, including length of time working with program, experience, knowledge, ability to relate to target population, etc.

F. Application Submission

All application materials must **BE RECEIVED** by **5:00 p.m. Monday, August 15, 2011.**
There are only two ways to submit your applications:

- **BY EMAIL.** Email applications ARE ACCEPTABLE.
 - You may email a Word or PDF document and required attachments to nicole@wfmn.org.
 - You will receive an email confirmation. If you do not receive one, your application has not reached us.
 - Do not send duplicate copies of your application by email AND regular mail.

-OR-

- **BY REGULAR MAIL**
 - Send your entire application and materials via U.S. mail to the following address:

Nicole Cooper, Philanthropy Fellow
Women's Foundation of Minnesota
155 Fifth Avenue South, Suite 500
Minneapolis, MN 55401-2626
 - You will receive an email confirmation. If you do not receive one, your application has not reached us.
 - Do not send duplicate copies of your application by email AND regular mail.

G. Questions & Concerns

Nicole Cooper | Philanthropy Fellow, Women's Foundation of Minnesota
612-236-1818 or nicole@wfmn.org

Thank you for your commitment to teen pregnancy prevention, and good luck!