**The GROW Foundation at Hathaway Brown School**

***(Girls Reaching Others Worldwide)***

**Grant Proposal Application**

**Middle School Mission Statement**

The Middle School branch’s ultimate goal is to encourage and support educational programming by assisting organizations that address real community needs. GROW strives to develop civic responsibility especially in the greater Cleveland community so more people will aid humanity.

**Upper School Mission Statement**  
GROW fosters passion for philanthropy in the HB community and promotes economic and social empowerment through grant distribution, microfinance loans and fundraising.

The Middle School branch of GROW will award grants to financially assist organizations or groups that address real community needs while incorporating education into their programming. Because of a generous donation from the Crittenton Fund, this branch of GROW also will award $4,000 to programs that specifically target the needs of adolescent girls in the Cleveland community.

The Upper School branch of GROW, now in its fourth year of operation, will award grants to nonprofit organizations in support of mission-driven programming.

**Grant Proposal Deadline:December 1, 2016**

***All materials must arrive at HB on or before this date to be considered.***

# General Information: *Please type or write neatly.*

Organization Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Organization Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Program Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Primary Contact Person: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email:

Projected Start Date of Program: \_\_\_\_\_\_\_\_\_\_\_ Projected End Date of Program: \_\_\_\_\_\_\_\_\_\_\_\_

Number of People Involved in Implementing the Program: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Grant Submitted By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_

**Please check if you are applying for money from the Crittenton Fund**:

**Program Description: *Please provide a typed document. Number each answer with the corresponding question number, and be as specific as possible.***

1. What is the mission statement of your organization?
2. How will this grant further the mission of your organization?
3. If you receive this grant, what would be the top three short-term outputs of your proposed program?
4. Who (staff and/or volunteers) will be involved in implementing the program?
5. Who and how many (population served) will be affected by the program?
6. How will your proposed program benefit the greater community? (Note: If you are applying for money from the Crittenton Fund, please answer in regards to their criteria.)

**Program Budget: *Include answers in table format. Please fill out the table below as thoroughly***

***as possible. In order to be considered for receiving a grant, the Foundation***

***needs to know where the money is specifically going to be used.***

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **PROGRAM INCOME** | | | | |
|  | **Amt Requested** | | **Committed** | **Total** |
| **Contributed Income** |  | |  |  |
| The GROW Foundation |  | |  |  |
| List Other Funders: (name other sources of funding and amount requested or awarded) |  | |  |  |
|  |  | |  |  |
|  |  | |  |  |
|  |  | |  |  |
| **Total Program Income** |  | |  |  |
|  | | | | |
| **PROGRAM EXPENSES** | | | | |
| List necessary materials for program | **Foundation Request** | **Other Funding** | | **Total** |
|  |  |  | |  |
|  |  |  | |  |
|  |  |  | |  |
|  |  |  | |  |
| **Total Program Expenses** |  |  | |  |

**Additional Information**

1. Is there any additional information about your program that we should know?
2. Where did you learn about GROW?

**If you have any questions, please contact faculty advisor:**

**Stephanie Hiedemann Laura Zappas**

E-mail: [shiedemann@hb.edu](mailto:shiedemann@hb.edu) E-mail: [lzappas@hb.edu](mailto:lzappas@hb.edu)

Phone: (216)-320-8771 Phone: (216)-320-8796, ext. 7115

**Please mail your application to:**

The GROW Foundation

Hathaway Brown School

19600 North Park Blvd

****Shaker Hts., OH 44122

Or, fax it to (216)-320-8779