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**Seeds of Hope Social Justice Grants**

Administered by the First Congregational United Church of Christ Madison Foundation Board

Applications Open January 1, 2022

Application Deadline: February 15, 2022

The Seeds of Hope Social Justice Grants Committee welcomes proposals from organizations in Dane County for innovative programs and initiatives that advance social justice in ways consistent with the United Church of Christ’s missions. The grants are open to community-based organizations, neighborhood groups, cooperatives, nonprofits, faith groups and others who are working to make Dane County’s communities more just and equitable for all. Applications are especially encouraged from groups led by members of traditionally marginalized communities and groups which do not have access to other grant making programs. Priority will be given to collaborative projects that bridge racial, economic or other social divides. Successful proposals will address pressing concerns in Dane County including but not limited to

* meeting basic material needs
* promoting equality for marginalized communities
* addressing disparities in health and healthcare
* advancing equity in education, disability rights and more
* delivering environmental justice

The United Church of Christ is a progressive, Just Peace, Open & Affirming, Accessible to All denomination. For more about the United Church of Christ’s social justice missions, please visit www.ucc.org/justice. 501(c)(3) status is not required, but groups without 501(c)(3) status will need a partner organization to act as a fiscal partner.

Applicants may apply for a single year of funding, but multi-year projects up to three years are also welcome. Grants are not available to individuals.

**Available Awards**

Tier I: Awards up to $2,500 annually

Tier II: Awards greater than $2,500 but no more than $10,000 annually

Tier III: Awards greater than $10,000, but no more than $25,000 annually

Please direct questions to seedsofhope@firstcongmadison.org.

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**Seeds of Hope Social Justice Grants**

**Application Deadline: February 15, 2022**

Thank you for applying for a Seeds of Hope Social Justice Grant. Please provide complete answers to the application below. Applications can be returned electronically to seedsofhope@firstcongmadison.org, or mailed to

Seeds of Hope

c/o First Congregational Church of Christ, Madison

1609 University Avenue

Madison, WI 53726-4040

Need a hard copy of this application mailed to you? Have questions or other need assistance? Please contact seedsofhope@firstcongmadison.org.

**Information About Your Organization**

Name of Group:

Address:

Phone Number:

Name of Primary Contact Person:

Primary Contact Phone:

Primary Contact Email:

Preferred Method of Contact:

How did you hear about this grant? (one sentence)

What is your group’s mission or purpose? (one to two sentences)

Provide a brief summary of your group’s story. When and how did it come to be? (1 paragraph)

**Information About Your Project or Activity**

Project Title:

Provide a description of the project(s) or activities that would be funded with this grant. Be sure to include the following:

* What is the project or activity?
* Is this a one-time event or activity or an on-going one?
* What is the purpose of the project? How does it foster social justice in the community?
* What need or gap in the community will this project fill?
* Who (or what population(s)) will be served by it?
* Who will run or organize it? (Include the roles of partner groups or organizations if applicable.)

Is this a new project for your group? If no, please summarize what the project has accomplished so far and what these additional funds would help you achieve. Please tell us how the project is currently funded. Additionally, if you previously received a Seeds of Hope grant, please tell us how you have used the funds so far and how you see additional funds allowing you to build on the work you have done so far. (1-2 paragraphs)

If it is part of an ongoing program, please tell us your plan for funding the project when this grant is complete.

**Timeline**

What is your schedule for completing the part of your project that this grant would support? Use the worksheet below to give us a sense of your timeline.

|  |  |
| --- | --- |
| Date | Activities Taking Place at this Time |
| Project Start Date:  |  |
| Approximate Halfway Point: |  |
| End Date: |  |

How will you measure the success of this project? **Financial Information**

*Is your group a 501(c)(3)?* Yes/No

 If yes, please include a copy of the Internal Revenue Service determination letter indicating your organization’s 501(c)(3) status.

Is your group a registered co-op? Yes/No

If yes, please include a copy of the articles of incorporation indicating Wisconsin Chapter 185 cooperative status.

**If your group is not a 501(c)(3) or a cooperative, you are still welcome to apply for these grants,** but we’ll need some more information to support your application.

1. Tell us about how your group manages its funds. (2-4 sentences)
2. Are you connected with a 501(c)(3) organization that can act as your fiscal partner to assist you in obtaining and managing grants? (Your grant budget can include funds for technical assistance you might need.)

Partner Organization Name and Contact Information:

1. If your group does not have a fiscal partner, is there someone in the community with organizational and budget experience who can act as a mentor or coach to your group? If so, please provide that person’s name and contact information below. If not, please indicate that below. (Your grant budget can include funds for technical assistance you might need.)

Organizational Mentor’s Name and Contact Information:

**Budget Information**

How is your group currently funded?

What is your group’s total annual budget?

Please provide an estimate of cost of the project for which you are seeking funding. Feel free to use this worksheet or attach your own.

|  |  |
| --- | --- |
| **Brief Description of Expenses** | **Total** |
| e.g., Supplies or Personnel |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
| **Total Project Cost** |  |
| **Amount You Are Requesting From Seeds of Hope** |  |

Does your group have, or expect to have other sources of funds besides a Seeds of Hope Grant?

|  |  |  |  |
| --- | --- | --- | --- |
| **Funding Source** | **Amount** | **We have applied for or hope to raise these funds** | **We have secured these funds** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

Is there any more information you feel the grant committee should know about your group or this project?

**Thank you for your application!**