



Dear Community Organization:

We are pleased to invite you to apply for a 2012 Sojourner Foundation grant. The Sojourner Foundation, incorporated in 1985, is a philanthropic organization committed to making a positive difference in the lives of women and girls living in Southeastern Michigan. To reach this goal, the Foundation funds projects designed to help women and girls to participate fully in society. We encourage innovative, nontraditional projects.

Please review and complete the enclosed Grant Application, and **return your completed original application, plus five (5) copies** to:

Onnie Jacque
Sojourner Foundation Grants Committee Chair
Sojourner Foundation
25940 Grand River Ave
Detroit, MI 48240-1485

DEADLINE FOR GRANTS IS MONDAY, NOVEMBER 18, 2011

We look forward to hearing from you.

Onnie Jacque,
Grants Committee Chair

Enclosure



**SOJOURNER FOUNDATION
A COMMUNITY FOUNDATION FOR WOMEN AND GIRLS
REQUEST FOR PROPOSALS
GUIDELINES**

The Sojourner Foundation is a small community Foundation, incorporated in 1985, which is dedicated to enabling Southeastern Michigan women and girls to participate more fully in society.

To reach this goal, the Foundation funds projects designed to help women and girls to participate fully in society.

ELIGIBILITY

Not-for-profit, tax-exempt, 501(c)3 organizations which serve women and girls in Wayne, Oakland, Macomb, Washtenaw, Livingston, Monroe and/or St. Clair counties are eligible to apply.

GRANT AMOUNT, TIME FRAME AND REPORTING REQUIREMENTS

- Grants will be funded for up to \$5,000.
- All programs are to be completed within a one-year time frame.
- All grantees will be required to submit a final report of the project to include an evaluation and final budget.

Failure to submit a final report with evaluation and budget may negatively impact your organization's ability to receive future funding from the Sojourner Foundation.

FUNDING PRIORITIES

- Stopping Violence Against Women and Children
- Decreasing Teenage Pregnancy and Infant Mortality
- Helping Female Heads of Household achieve self-sufficiency

FUNDING POLICIES AND RESTRICTIONS

In making its decisions, the Foundation will consider the following:

- Priority will be given to organizations in which women are the major decision-makers.
- Applicants are encouraged to give evidence of working cooperatively with other organization.
- Proposals will be evaluated based on the clarity of the program objectives and how readily these objectives can be measured in the evaluation.
- Existing or new staff salaries are limited to 50% of the total budget. The Foundation, however, is reluctant to fund staff salaries.
- Although projects are not required to have in-kind contributions, applicants are strongly encouraged to have at least 10% of the program budget be from in-kind sources. In-kind contributions are those, which can be cost-defined, such as donated space or contributions by volunteers.
- The Foundation is reluctant to pay for refreshments, food and other consumable supplies.
- The Foundation does not fund requests for equipment.

GRANT APPLICATION INSTRUCTIONS

1. A concise (1-2 page) cover letter should be included with each proposal which introduces your organization and your proposal and makes a strategic link between your proposal and Sojourner Foundation's mission and grant making interests.
2. Please type and double-space all proposals.
3. Answer all the questions in the order listed, using the headings, subheadings and numbers provided.
4. **Submit original and 5 copies** of the grant application, attachments and cover letter.
5. Do not include any materials other than those specifically requested at this time. Staple pages together and do not enclose in binders or elaborate covers.
6. Please do not send videotapes or facsimile copies of your grant application.
7. Address all proposals or inquiries to:

Onnie Jacque
Sojourner Foundation
Grants/Corporate Giving Committee
25940 Grand River Avenue
Detroit, MI 48240-1485

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****Incomplete applications will not be considered****

3. What percentage of women and girls served by your organization are:
- a. Black _____%
 - b. Caucasian _____%
 - c. Hispanic _____%
 - d. Native American _____%
 - e. Other (identify) _____%

C. DETAILS OF THE REQUEST

1. Name of proposed program for which you are seeking funding.
2. Amount of the grant request.
3. Is this a new program or project or a continuation or repeat of a successful program?
4. Beginning and ending dates of the proposed program or project.
5. Specific geographic area to be served by this program or project.
6. Target population(s) to be served.
7. Concise statement of the purpose of the program or project and the need it addresses (including which of the Sojourner Foundation priorities the program or project addresses).
8. Complete description of the process by which the program or project will be carried out including a time line for the plan of work.
9. If this project is being done in conjunction with any other organization(s), list the name(s) of the organization(s) and describe its (their) role.
10. What measurable results will be achieved? What are the goals of the program? How will the goals be measured?
11. To the best of your knowledge, is this program currently being offered by other organizations?

If yes, please indicate other organizations that do offer such a program.
12. Are you trying to fund your proposed program through more than one source? If so, please provide details.

Please list other sources being asked to support the program or project related to this request, and the amount they have been asked to provide. (This may be provided as an attachment.)

- (i) First, please list those that have been asked, and that have responded favorably:

Organization	Amount Sought	Amount Committed
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Please state total amount committed:

- (ii) Second, please list those that have been asked, but that have not yet responded:

Organization	Submission date	Decision date	Amount sought
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Please state total remaining amount sought:

13. If only part of the funding you seek from all sources is received, what will you do? That is, will the project proceed, but on a reduced scale? Or, will it be canceled?
14. Outline your plan to secure continued support for this program or ongoing funding that might be needed to support the project after conclusion of Sojourner funding.
15. How will the proposed program or project be evaluated? (Please indicate if this will involve third-party evaluation).
16. Please list the names and qualifications of individuals in your organization who will implement the program or project (You may wish to supply this information in the form of an attachment.).

D. FINANCIAL INFORMATION

1. Please provide as an attachment your organization's operating budget, including expected revenue by source, as well as planned expenditures for the period covered by the proposed program or project.
2. Please provide as an attachment the detailed budget, including expected revenue by source, as well as planned expenditures, for the proposed program or project. (Note this information is **project-specific** and should not be the entire budget of the organization.)
3. Please list the amount and source of all corporate and foundation grants greater than \$10,000 received by your organization in the last three years. This may be an attachment.
4. Please provide as an attachment a copy of your organization's most recent audited financial statements.
5. Please provide as an attachment your organization's most recent Internal Revenue Service Form 990, if applicable. If you do not file a 990, please indicate reason:
6. Please provide as an attachment your organization's tax exempt letter from the Internal Revenue Service under Code Section 501(c)3.

E. SIGNATURE OF INDIVIDUAL PREPARING APPLICATION

Name:

Title:

Phone:

SOJOURNER FOUNDATION

A COMMUNITY FOUNDATION FOR WOMEN AND GIRLS

GRANT EVALUATION FORM

Organization Name _____

Address _____

City, State, Zip _____

Telephone _____ Fax _____

Date Grant Awarded _____

APPRAISAL INFORMATION (Attach additional sheets as necessary)

List results you expedited to achieve: (from original application)

State the results you achieved: (Provide actual number of clients served, details of service provided, etc.)

State the results you did not achieve: (What actually happened? What problems did you encounter?)

Conclusions: (Based on your overall results, how will you change this program to improve the outcome?)

Budget Review

Please evaluate the budget items approved in the original grant application. (Attach copies of receipts, work products, etc.)

APPROVED EXPENDITURES

ACTUAL EXPENDITURES

Comment on any expenditure variances:

Signature _____ **Date** _____

Title _____