



SEACOAST WOMEN'S
GIVING CIRCLE

**2023 Request for Proposals
Topic: Mental Health
\$20,000 Grant - Unrestricted Funds**

In Cycle 17, the Seacoast Women's Giving Circle will consider proposals from organizations that address mental health as part of their core mission. Successful proposals will support prevention, intervention and/or education that contributes to accessible, community-based solutions.

Applicants must:

- Be an approved 501(c)(3) tax-exempt organization
- Impact constituents from some or all of the following Seacoast towns of NH and Maine: Seabrook, Hampton, Hampton Falls, North Hampton, Rye, Portsmouth, Greenland, Newington, New Castle, and Kittery

The following organizations are generally NOT eligible for support:

- Religious or faith-based programs or organizations
- Politically partisan organizations or programs
- Organizations that discriminate in any way

Seacoast Women's Giving Circle Priorities:

- Improving quality of life on the Seacoast
- Serving the socio-economically underprivileged
- Fostering independence and self-reliance
- Addressing emerging needs and issues
- Providing long-term solutions
- Investing in the expansion of existing organizations rather than the creation of new ones

TIMELINE

Friday, January 27, 2023: Proposals due

By April 11, 2023: Grant recipients notified

May 2023: Celebration for 2023 grant recipients

Summer 2023: Funds distributed

GRANT AMOUNT

We are accepting applications for unrestricted funding grants of \$20,000.

SEACOAST WOMEN'S GIVING CIRCLE
2023 \$20,000 GRANT APPLICATION - UNRESTRICTED FUNDS

2023 GRANT APPLICATION

Please ensure all required documents are included. We accept documents in Word or PDF format. Proposals are considered only when all components of the grant application are submitted.

Please email completed grant application (summary and narrative) and attachments (A, B and C) to: **give.swgc@gmail.com**

 Summary Form

 Narrative

 Attachments A, B, and C

SUMMARY FORM – REQUIRED

1. Name of Organization	
2. Legal name (if different)	
3. Organization Federal Tax I.D.#	
4. Organization address	
5. Phone number	
6. Website address/Facebook page	
7. Year founded	
8. Executive Director's name	
9. Contact person for this proposal (Name, title, phone, email)	
10. Organization mission/vision statement	
11. Statement of grant purpose. How will the funds be used to address mental health? Max 1-2 sentences.	

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<p>12. Please state how your organization impacts constituents in our catchment area -- Seacoast towns of: <i>Seabrook, Hampton, Hampton Falls, North Hampton, Rye, Portsmouth, Greenland, Newington, New Castle, and Kittery</i></p>	
<p>13. Which of the SWGC priorities does this grant address?</p> <ul style="list-style-type: none"> • Improving quality of life on the Seacoast • Serving the socio-economically underprivileged • Fostering independence and self-reliance • Addressing emerging needs and issues • Providing long-term solutions • Investing in the expansion of existing organizations rather than the creation of new ones 	
<p>14. Number of paid staff (part/full-time)</p>	
<p>15. Number of volunteers (excluding board members)</p>	
<p>16. Size of Board of Directors</p>	
<p>17. How did you learn of this grant opportunity?</p>	

NARRATIVE – REQUIRED

The total length of the narrative section *should not exceed 3 pages in size 12 font.*

1. Organization Overview

Provide an overview of your organization, its history, mission, vision, and primary programs and services. Please emphasize major achievements and outcomes that serve your mission. What role does your nonprofit play in serving the greater community?

2. Proposal

Provide a detailed description of how your organization proposes to use the grant funds to further address mental health needs. Successful proposals will incorporate prevention, intervention and/or education initiatives.

3. Funding Plan and Sustainability

Provide a detailed budget for your proposal. What, if any, funding is required outside of the SWGC grant and how will you secure it?

4. Resources and Timeline

Discuss the resources available to implement this grant proposal (i.e. staff/board time, skills, commitment). Provide a timeline for use of funds.

5. Collaboration

Do you collaborate with other organizations to accomplish your goals? What do each of you bring to the table and how do you avoid duplication of efforts?

6. Inclusivity

Explain how your organization is inclusive.

7. Measure of Success

How will you evaluate the success of this proposal? Please include qualitative and quantitative measurables.

Please include anything else you would like us to know.

ATTACHMENTS - REQUIRED

Please clearly label all attachment files with your organization's name and provide:

A. Organization's most recently filed 990 Form as well as income statement, balance sheet, current operating budget, and breakdown of organizational revenue sources for past fiscal year (include any Federal, State, Corporate or Individual giving).

B. Board of Directors list, including length of service.

C. Executive Director biography including length of service with this organization.