****

*Local Support for Women and Girls*

PO Box 31  Canandaigua, New York 14424

www.ONYA-NY.org  [ONYA14424@gmail.com](mailto:ONYA14424@gmail.com)

June

To: Community Groups and Agencies

RE: Request for 2021 Calendar Year Proposals (RFP)

The Ontario Yates Fund for Women and Girls (ONYA) is seeking proposals from not for profit 501 (c)(3) organizations for programs serving women and girls in Ontario and Yates Counties. ONYA is an independent fund-raising and grant making community organization which funds programs that have a positive impact on the economic and social status of women and girls. The ONYA grant application packet and a list of past grantees is available on the ONYA website at [www.onya-ny.org](http://www.onya-ny.org).

**In order to apply for an ONYA grant, your organization or project:**

* Must be located in Ontario or Yates County, New York
* Must serve women and/or girls in Ontario or Yates counties
* Must be a tax-exempt, not-for-profit organization under the Internal Revenue Code, section 501 (c) (3)
* Must be used for a specific project(s)

**Our Funding Priorities:**

ONYA funds projects that use innovative ways to create systemic changes that will permanently improve the well being of women and girls by:

* Promoting economic self-sufficiency of women
* Teaching women and girls to become leaders
* Promoting self-confidence and personal growth of women and girls

**Successful Grant Applications:**

* Involve women as leaders of the project
* Involve women and girls of diverse backgrounds
* Programs will have measurable outcomes
* Demonstrate sustainability of programs without ONYA funds
* Requests are made for specific projects
* Grants typically range from $1,000 to $7,000

Submit one (1) completed application signed by the Executive Director and Board Chair to:

ONYA P.O. Box 31, Canandaigua, New York 14424

Send one (1) electronic copy of the completed application (PDF format preferred) to [onya14424@gmail.com](mailto:onya14424@gmail.com). You will find the ONYA grant application packet under the “Grants” section of our website ([www.onya-ny.org](http://www.onya-ny.org))

All grant requests must be received **NO LATER THAN SEPTEMBER 1, 2020.** All applications received will be screened for completeness and to ensure they meet ONYA’s criteria. A site visit by an ONYA Grant Committee representative may be requested prior to awarding the grants. Funds will be distributed by **December 31, 2020.**

All grantees will be expected to submit 6-month and 12-month program reports and host a visit twice a year by an ONYA representative.

**Grant Making Assistance:**

The grant application process can be found on [www.onya-ny.org](http://www.onya-ny.org).

Please be certain that the application contains the following information:

1. **Information Sheet** (required form attached)
2. **Rationale** (required outline attached)
3. **Program or Project Budget Sheet** (required form attached)
4. **Financial summary of your organization’s most recently completed fiscal year,** including the original budget and actual revenue and expenses for that year
5. **A copy of the IRS determination letter** advising that your organization is exempt from taxes under Section 501(c)(3) of the IRS code and that the organization is not a private foundation as defined in Section 509(a)
6. Listing of organization’s **Board of Directors** with their affiliations
7. **Mos**t **recent audited financial statement (if available) and accompying management letter** for a complete fiscal year of the organization. If your financial statements have never been audited, indicate why – e.g. you are too small or your organization is too new
8. **Annual report, if available**

If you have any questions or need more information regarding the Request for Proposal or need assistance with the application process, please contact ONYA at [onya1424@gmail.com](mailto:onya1424@gmail.com).

$ \_\_\_\_\_\_\_\_ total program/project cost

**INFORMATION SHEET** $\_\_\_\_\_\_\_\_ ONYA request

**Agency/Organization Details**

Name of Applicant Agency/Organization:

Mailing Address of Applicant Agency/Organization:

Phone: Fax:

Organization/Agency Director or CEO Name:

Email:

Phone: Ext: Fax:

Board President Name:

Email:

Phone: Ext: Fax:

9-Digit Federal Employer ID #:

Agency/Organization Summary: (Please provide a brief description of the scope of your agency/organizations work)

Agency/Organization fiscal year: \_\_\_\_\_ to \_\_\_\_\_

For the current fiscal year, what are your sources of Revenue?

\_\_\_ % Grants

\_\_\_ % Fundraising

\_\_\_% Other

Have you received an ONYA Grant(s) in the past? If so please complete the information below:

|  |  |  |
| --- | --- | --- |
| Project Name | Year | Grant Amount |
| 1. |  |  |
| 2. |  |  |

(add lines as needed)

**Program/Project Details**

Program/Project Contact Name:

Title:

Phone: Ext: Fax:

Email:

Project Title:

Total Project Cost: $\_\_\_\_\_\_ ONYA Request: $\_\_\_\_\_\_\_\_\_ (Please enter these numbers in the text box above)

Project Summary: (Please provide a brief description of your proposal. Specifically include how your ONYA grant request will be applied to the overall program budget)

**Project Funding:**

Other Sources of Funding: (Please provide information on other sources of funding, including amounts, either secured or applied for regarding this project- add additional rows as needed)

|  |  |  |
| --- | --- | --- |
| Funding Source: | Funding Amount: | Secured or Requested: |
| 1. |  |  |
| 2. |  |  |
| 3. |  |  |
| 4. |  |  |
| 5. |  |  |

If ONYA is your only source of funding for this project, please explain why there are no other funding sources available:

**RATIONALE**

(Please include ALL of the following elements in your response. We strongly encourage you to limit the total length of the rationale to 1-2 pages.)

**A. Project/Program Narrative** (must include elements noted below)**:**

* Why? (What is the community need? Where possible, please include local statistics and community priorities etc.)
* Who will this project/program serve? (Please include target population, age, gender, ethnicity, other relevant characteristics)
* How many will this project/program serve?
* How many women/girls will this project/program serve?
* What services and/or activities will be provided?
* What is the anticipated timeline for this project/program?
* Where will the work take place?
* How does this request meet ONYA’s stated priorities?

B. **Outcomes:**

1. What are the intended results for this program/project?

2. Provide the detailed goals that will support the intended results. For each goal, indicate how you will achieve measurable success. (Ensure project/program goals are specific, time bound and include quantitative measurements. State the goals in the matrix below and add lines as needed. An example has been provided.)

3. Please include copy(s) of intended measurement tools, if applicable

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **GOAL** | **ACTION** | **MEASUREMENT** | **MEASUREMENT TOOL** | **DEADLINE** |
| Have 75 or more girls attend educational seminars on causes of teen pregnancy | Recruit teens through community programs to attend seminars during the year | 75 or more participants to attend and 80% or better who attended gained a stronger understanding | Attendance sheets and Pre/Post | By April 2020 |
|  |  |  |  |  |
|  |  |  |  |  |

1. **CAPACITY:**

What is your Agency/Organizations capacity to undertake this project?

1. **Links with other agencies**
   1. 1. If this is a collaborative effort, please complete the following:

|  |  |  |  |
| --- | --- | --- | --- |
| **Collaborating organizations** | **Contact person** | **Phone number** | **Role(s) of partners** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

2. Do you know of other groups doing similar or related work? If so, how does your work differ from or complement theirs?

**E.** **PROGRAM FUTURE:**

1. Summarize what is envisioned for this program beyond the grant period?

2. If it is to continue beyond the grant period, how will you support this project?

**G.** Please include letters of support from community partners

**H.** Please add any additional pertinent information

**PROGRAM OR PROJECT BUDGET SHEET**

A. Provide the following information regarding the program or project for which you seek funds.

**REVENUE**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **REVENUE SOURCE** | **COMMITTED REVENUE** | **POTENTIAL REVENUE** (excluding ONYA request) |
| 1 | Grants |  |  |
| 2 | Fundraising Events |  |  |
| 3 | Other: (please define) |  |  |
| 4 | Other: |  |  |
| 5 | Other: |  |  |
| 6 | Other: |  |  |
|  | **TOTAL SUPPORT REVENUE** |  |  |

**EXPENSES**

|  |  |  |  |
| --- | --- | --- | --- |
|  |  | Annualized Expense | Expenses Covered by Requested Grant |
| 1 | Staff Salaries |  |  |
| 2 | Fringe Benefits |  |  |
| 3 | Professional Fees |  |  |
| 4 | Consumable Supplies |  |  |
| 5 | Printing and Postage |  |  |
| 6 | Occupancy/Rent |  |  |
| 7 | Internet, Phone, Fax |  |  |
| 8 | Travel and Meetings |  |  |
| 9 | Training |  |  |
| 10 | Equipment Purchases |  |  |
| 11 | Miscellaneous Expenses |  |  |
|  | **Subtotal Direct Support Revenue** |  |  |
| 12 | Allocation: General & Management Expenses |  |  |
|  | **Total Expenses** |  |  |
|  |  |  |  |
|  | **Surplus (Deficit)** |  |  |

B. If you feel elements of your budget need explaining, please do so.