

2010 - 2011 DRUG POLICY ALLIANCE Promoting Policy Change Program

Below please find the form and documents your organization will need to fill out and email to both asha bandele at abandele@drugpolicy.org and tbonomo@drugpolicy.org. The deadline for applications is **8 p.m. E.S.T on Monday, June 21st 2010**. Aside from your proposal and form, please send:

- Completed cover page
- Summary statement about the project
- Organizational narrative
- Sources of funding

Should the Board recommend awarding a grant to your organization, release of that grant is contingent upon our receipt of the following information:

- Your organization's most recent financial statement, audited if available.
- A list of your Board of Directors
- A copy of your most recent IRS letter indicating your organization's tax exempt status, or if not available, an explanation.
- One paragraph resumes of key staff, including qualifications relevant to the specific request.
- Your organization's most recent 990 form.

DRUG POLICY ALLIANCE
Promoting Policy Change

COVER SHEET

Date of Application: _____

Name of organization applying for grant: _____

Name & address of organization TO WHICH GRANT WOULD BE PAID (I.E. FISCAL SPONSOR): _____

Purpose of grant (*please briefly explain the objective of your project and how it will be implemented*) _____

Address of organization applying for grant: _____

Telephone Number: _____

Fax Number: _____

E-Mail: _____

Website: _____

Executive Director: _____

Contact person and title (if not Executive Director): _____

Is your organization an IRS 501 (c) (3) not-for-profit? (yes or no): _____

If no, please explain: _____

Grant Request: \$ _____

Check one:

General support _____

Project support _____

Total organization budget (for current year): \$ _____

Dates covered by this budget (mo/day/year): _____

Total Project budget (if requesting project support): \$ _____

Have you ever received Drug Policy Reform funds from the Tides Foundation, OSI or the Drug Policy Foundation? _____

If so, please detail: _____

Dates covered by project budget (mo/day/year): _____

Project name (if applicable): _____

- I. PROPOSAL SUMMARY:** One-half page, maximum.
Please summarize in a short paragraph the purpose of your organization. Briefly explain why you are requesting this grant, what outcomes you hope to achieve, and how you will spend the funds if a grant is made.
- II. CONNECTION TO DPA' CORE WORK:** One-half page, maximum.
Please summarize how your organization's work supports and/or complements DPA's priorities as listed on the guidelines page. Please include a brief discussion of your organization's role in the drug policy reform movement and your work with affected communities.
- III. NARRATIVE** – Three pages maximum.
- A. Background** – Describe the work of your organization, addressing each of the following:
1. A brief description of its history and mission.
 2. The need or problem that your organization works to address, and the population that your agency serves, including geographic location, socio-economic status, race, ethnicity, gender, sexual orientation, age, physical ability and language.
 3. Current programs and accomplishments. Please emphasize the achievements of the recent past.
 4. Number of paid full-time staff; number of paid part-time staff; number of volunteers.
 5. Your organization's relationships – both formal and informal – with other organizations working to meet the same needs or providing similar services. Please explain how you differ from these other agencies.
- B. Funding Request** – Please describe the program for which you seek funding.
1. If applying for *general operating support*, briefly describe how this grant would be used.
 2. If your request is for a *specific project*, please explain the project including:
 - A statement of its primary purpose and the need or problem that you are seeking to address.
 - The population that you plan to serve and how this population will benefit from the project.
 - Strategies that you will employ to implement your project.
 - The proposed staffing pattern for the project, and the names and titles of the individuals who will direct the project.
 - Anticipated length of the project.
 - How the project contributes to your organization's overall mission.

- C. Goals and Objectives** – Please describe goals and objectives for the purpose of this grant. For example, a goal would be: To educate state legislators cost savings of treatment instead of incarceration for non-violent drug offenders. The objective would be: Develop a fact sheet with current data on Cost Savings for Tx Instead of Incarceration by date. Distribute the Fact Sheet to all state legislators by date.
- D. Evaluation** – Please explain how you will measure the effectiveness of your activities. Describe your criteria for a successful program and the results you expect to have achieved by the end of the funding period.

III. FINANCIAL INFORMATION

A. Budgets

1. Please provide your operating expense budgets for the current and most recent fiscal year.
2. Aligned side by side on the same page, a list of foundation and corporate supporters and all other sources of income, with amounts, for your current and most recent fiscal year.
3. Please list the foundations, corporations, and other sources that you are soliciting for funding and, to the best of your knowledge, the status of your proposal with each.

B. Project Funding

1. If Project Funding is requested, please provide a current expense budget for the project. List each staff line separately and include % of time spent on project. Indicate the specific uses of the requested grant, if possible.
2. Please provide a list of all sources of income toward the project, actual and prospective with amounts.