

GJF Freedom Fund Grant Program Application - 2024

Before completing this application form, be sure to read the guidelines to ensure that you are eligible to submit an application.
We recommend writing your responses in Microsoft Word and copying and pasting them into the form for submission in order to avoid losing your work.
There are no word or character limits for responses.
After you have submitted the form, you will receive an email confirmation with a copy of your submission. If you do not receive a confirmation, your application has not been received.

1. Organization Name *

2. 501 (c)(3) / EIN Number (Or the number of your fiscal sponsor, if you are fiscally sponsored) *

2a. Fiscal Sponsor (if you are fiscally sponsored)

CONTACT INFORMATION

3. Contact Person's Name (This is the person who will be contacted with questions about the proposal, notified of the grant outcome, and provided with a copy of the proposal submission.) *

First Name

Last Name

4. Contact Person's Title *

5. Contact Person's Email Address *

example@example.com

6. Contact Person's Phone Number *

Please enter a valid phone number.

ORGANIZATIONAL DEMOGRAPHICS

7. Please provide the gender breakdown for each of the following constituents of your organization. The rows should total 100. If you do not have information for a particular constituency, select N/A.

	% Male	% Female	% Trans/Nonbinary/GNC	N/A
Board	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
Staff	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
Leadership	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
Volunteers	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
Clients	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>

8. Please provide the racial breakdown for each of the following constituents of your organization. The rows should total 100. If you do not have information for a particular constituency, select N/A.

	% Black/AA	% AAPI	% Native American	% White	% Other	N/A
Board	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
Staff	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
Leadership	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
Volunteers	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
Clients	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>

9. Please provide the ethnic breakdown for each of the following constituents of your organization. The rows should total 100. If you do not have information for a particular constituency, select N/A.

	% Latinx	% Non-Latinx	N/A
Board	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
Staff	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
Leadership	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
Volunteers	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
Clients	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>

PROGRAM INFORMATION

10. Briefly describe your organization’s history in this work. How long have you done this work and how has it evolved? *

11. What services and programs do you currently provide to support women and TGNC people in prison/jail or re-entry? *

12. How would you change or expand the services described in your response to question 11 if you receive this grant? (It is not a requirement that organizations change or expand services as a result of this grant. If services, will not change, respond with "No changes") *

13a. How many women and TGNC people did your organization serve in each of the following settings in 2023:

Number Served in 2023

in Philadelphia County Jail on State Road

in a County Jail outside of Philadelphia

in a State Correctional Institution

in a Juvenile, Federal or any other type of detention center

in reentry

13b. Briefly describe the population you support, including any eligibility criteria for services. *

14. How do you do outreach for your services and programs? *

15. Who have been key partners in this work generally and who do you plan to partner with over the next three years? *

16. What professional services would be most helpful for your organization's growth and development over the next three years? (Examples can include fundraising, strategic planning, financial management, board development, or any other services your organization may need.) *

17. How do you incorporate client feedback into the planning and delivery of your programs? *

18. Is there anything else you would like us to know about your organization, your work, or the people you serve?

ATTACHMENTS

19. Please upload your organization's current annual budget including sources of revenue *

20. Please upload your organization's most recent 990 or audit (if available). If you do not have an audit or 990, please upload your most recent financial report. *

21. Please upload a list of board members *

Submit