



NOT SEEN, NOT HEARD: HELPING CHILDREN OF DOMESTIC VIOLENCE GRANT GUIDELINES

PROGRAM OVERVIEW

The Avon Foundation launched the ***Speak Out Against Domestic Violence*** program in 2004, expanding a long history of grassroots support of the domestic violence cause. *Speak Out* supports domestic violence awareness, education, direct services and prevention programs. Since launching the new *Speak Out* program, more than \$6 million has been awarded to domestic violence organizations across the US.

As part of the *Speak Out* program and its commitment to support and develop domestic violence prevention and intervention programs, the Avon Foundation launched the national *Not Seen, Not Heard: Helping Children of Domestic Violence* program in 2005 to assist the children of domestic violence.

For more information on currently funded programs, visit www.avonfoundation.org.

The Avon Foundation is seeking proposals from non-profit 501(c)(3) organizations that assist children who have been exposed to or are victims of domestic violence. To be considered for funding, you must submit a proposal before **April 1, 2008**. Funding period is from November 1, 2008 – October 31, 2009. Applicants will be notified of their status in October 2008.

GRANT AMOUNTS

Grant Amounts range from \$10,000 - \$50,000 depending on the size, scope and impact of the program proposed. Grants are non-renewable. However, an organization may submit a new proposal the following year for continued funding.

SELECTION PROCESS

All requests are screened, researched and evaluated by Avon Foundation staff to ensure compliance and grant criteria. Additionally, domestic violence experts and consultants will review proposals for funding recommendations and ranking of proposals. The Avon Foundation Board of Directors makes the final determination on all proposals.

STRATEGIC PRIORITIES

For 2008, the Avon Foundation will focus on the following strategic priority:

Innovative coordinated response models between domestic violence organizations and organizations that assist child victims of abuse and/or children witnesses of domestic violence. Proposals will be accepted from domestic violence organizations:

- With demonstrated experience assisting domestic violence victims and that are developing or expanding a model of collaboration to include agencies that assist child victims of abuse and/or children witnesses to domestic violence in order to provide therapeutic services to the children;
- Offer services to both the children and the non-offending adult caregiver including family support and parent education;
- Will utilize a licensed provider of counseling and specific modalities of treatment and have linkages with at least one other government and one other nonprofit organization; and
- Are willing to serve as a national model.

GRANT GUIDELINES

Please carefully read the grant guidelines before you begin. The following specifications must be adhered to while completing the grant proposal. Any submissions that do not adhere to the following specifications will be disqualified.

- a. All proposals must be completed in Arial 12-point font, be single-spaced with 1” margins on all four sides.
- b. Each organization must submit five (5) sets of the following items listed below.
- c. Each set must be arranged in the order listed below. All pieces of each set must be either bound together with a binder clip or a rubber band—do not use staples.

1. Cover Page

- Complete all sections of the cover page.

2. Project Description - 1-3 page narrative

Please describe your program with the following headings and in the following order.

- Purpose of the program
- Goals and measurable objectives and your organization’s capacity
- Main partners and collaborators of your project or program and the role and capacity they have in the model
- Reasoning for key project or program staff members, including support from the other organizations
- How project or program differs from similar programs
- Geographic area to be served
- Target population to be served (age, gender, socioeconomic status, etc.)
- Plans to sustain and further develop your program in the future
- How requested funds would be used to support the proposed project or program

3. Evaluation of the Project – 1 page narrative

Please describe your program with the following headings and in the following order.

- Activities to be performed and/or milestones to be reached during each month of the funding period.
- How success will be measured.

4. Project Budget - 1-3 pages narrative

- Restate requested dollar amount of grant (should match amount indicated on part D. of cover sheet)
- Provide a detailed budget worksheet of all project or program expenses and all revenue sources
- Illustrate any change in project and program costs from previous years

5. Attachments

- Brief history of the sponsoring organization (1 page)
- Current annual operating budget of the sponsoring organization. If the proposed project is a part of an existing department or program budget, please include that budget.
- List of top five organizational revenue sources and donors for the last two years. Please include names and amounts.
- Two letters of support, preferably from a project or program partner or collaborator (Please include the letters in your package. Reference letters sent separately will not be accepted.)
- Please include memoranda of agreement from collaborators

- 501(c)(3) tax exemption letter from IRS
- Most recent IRS Form 990
- Current Board of Directors, including their business or professional affiliations
- Current key staff, including titles and responsibilities
- Most recent annual report (if available)
- Most recent independent audit (if available)
- Resume of project manager and key personnel (limit of 2 pages per person)

If your organization is missing any required information, please include a brief explanation as to why it is not being submitted. (For example your organization's operating budget is too small to warrant audited financial statements etc.)

Please submit five (5) sets post-marked before April 1, 2008 to:

Mary Quinn
Senior Manager, Operations
Avon Foundation
1345 Avenue of the Americas
New York, NY 10105
Email: mary.quinn@avon.com

COVER PAGE

A. ORGANIZATION PROFILE			
Organization Name			
Street Address, City, State, Zip Code			
Phone Number		Fax Number	
Organization Website			
Contact Person and Title			
Contact Person's Phone Number			
Contact Person's Email			
Does your organization have 501(c)(3) status?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
If no, list your fiscal sponsor's name			
Fiscal Sponsor's Contact Person			
Fiscal Sponsor's Address			
How did you hear about our grants program?	<input type="checkbox"/> Avon Foundation Website <input type="checkbox"/> Colleague <input type="checkbox"/> Other If other, please specify: _____		

B. GRANT HISTORY WITH THE AVON FOUNDATION			
Have you applied for an Avon Foundation grant in the past to support your organization's domestic violence work?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, indicate last year you applied.	
If you have received Avon Foundation funding before for a program or special event, please indicate the year and the amount in the table below.			
	Year	Amount	Program / Event
1 st year of funding		\$	
2 nd year of funding		\$	
3 rd year of funding		\$	
4 th year of funding		\$	

C. STRATEGIC PRIORITY
<input type="checkbox"/> Innovative Coordinated Response Model

D. AMOUNT REQUESTED
\$

Provide one (1) sentence to summarize proposed use of funds