

# EQUITY

## ADVANCEMENT FUND



### EQUITY ADVANCEMENT FUND GRANT APPLICATION

#### Purpose

The Equity Advancement Fund is a partnership between Heart of Indiana United Way and the Community Foundations in the Heart of Indiana region. It is a new mini-grants program designed to help strengthen and advance equity in Delaware, Fayette, Henry, Madison, and Randolph Counties.



Funding will support efforts that are:

- Led by systemically under-represented or under-resourced persons
- Serve systemically under-represented or under-resourced persons in our communities and/or
- Support efforts to foster inclusivity or celebrate cultural perspectives.

Grants of \$500 to \$2,000 will be considered and will be reviewed on a rolling basis. These entry-level grants are designed to help small organizations easily enter the granting process and build relationships for future funding and capacity-building opportunities.

#### Qualifications to Apply:

- Must serve residents of either Delaware, Fayette, Henry, Madison, or Randolph Counties.
- 501c3, tax-supported, or educational organizations are eligible to apply. However, other entities—private, faith-based, community organizations, service clubs, individuals, and similar— may partner with an eligible organization to apply or alternative options discussed with a staff member.
- Meet with a staff member before applying. Please contact C.S. Hendershot at 765-896-5901 or [cshendershot@heartofindiana.org](mailto:cshendershot@heartofindiana.org) to schedule a meeting.
- Organizations may apply more than once but receive no more than \$2,000 in a single year.

## **Equity Advancement Fund Grant: Application Questions**

*Applications can be submitted online, by paper, video recording, or by interview. Please mail paper applications to Heart of Indiana United Way P.O. Box 968 Muncie, IN 47308 or by email to [cshendershot@gmail.com](mailto:cshendershot@gmail.com). Contact C.S. Hendershot at [cshendershot@heartofindiana.org](mailto:cshendershot@heartofindiana.org) or 765-896-5901 if you have questions about accommodation.*

*By submitting an application, you are giving permission to share your proposal with other funders.*

### **Applicant Contact Information**

Primary Contact Name:

Primary Contact Phone Number:

Primary Contact Email:

Mailing Address:

City:

State:

Zip Code:

Website (if applicable):

### **General Information**

1. Name of organization or program if applicable:

2. Name of project:

3. If you are partnering with another organization as a fiscal sponsor, what is the name of the organization?

4. Total number of full-time paid staff:

5. Total number of volunteers:

6. What is your annual operating budget?

7. Which grant qualifications does your program meet?

Led by systemically under-represented or under-resourced persons

Serve systemically under-represented or under-resourced persons and/or

Supports efforts to foster inclusivity or celebrate cultural perspectives

## **Funding Request**

8. Amount Requested:

9. Program Start Date:

10. Program End Date:

11. Which counties will your grant request serve?

Delaware

Fayette

Henry

Madison

Randolph

12. Please share your organization's or program's mission and the history of serving your community.

13. How will these funds be used to address a need that would make your community more equitable? Please share how your organization or program strengthens belonging, diversity, equity, and inclusion.

14. Please describe the population you will serve using this funding. Will funding help you expand the population you serve? If so, how? This might include (but is not limited to) demographic information like race, gender, disability status, geographic location, etc.

15. What do you hope will be different through this funding?

Please attach your budget using the budget template provided on the website.