

EQUITY ADVANCEMENT FUND GRANT APPLICATION

Purpose

Heart of Indiana United believes that Living United is an ongoing commitment to equity, diversity, and inclusion. The Equity Advancement Fund is a partnership between Heart of Indiana United Way with Community Foundations in the Heart of Indiana region on a new minigrants program designed to help strengthen and advance equity in the counties served by Heart of Indiana United Way (Delaware, Henry, Randolph, Madison and South Madison Counties).

Funding will support efforts that are led by, serve underrepresented or under-resourced persons in our communities, or efforts to foster inclusivity or celebrate cultural perspectives (Examples include those who encounter barriers based on race, ethnicity, gender, sexual orientation, economic, culture, language, immigration status, low literacy, age, special needs, and/or geographic location). 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, grassroots organizations to 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, for-profit, faith-based, grassroots community organizations, service
 clubs, individuals, and similar—partner with an eligible organization to apply or
 alternative options discussed with a staff member.
- · Meet with a staff member before applying. Please contact Karen Hemberger at klhemberger@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 klhemberger@heartofindiana.org.

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

Applicant Contact Information	on					
Primary Contact Name:						
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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 qualification does your program meet?

Led by systemically under-represented or under-resourced persons

Serve systemically under-represented or under-resourced persons

Support efforts to foster inclusivity or celebrate cultural perspectives

Funding Req	uest				
8. Amount r	equeste	d:			
9. Program	start dat	e:			
10. Program	end date	:			
11. Which co	unties w	ill your grant re	equest serve?		
Delav	vare	Fayette	Henry	Madison	Randolph
12. Please sł your commu	•	organization's	s or program's	mission and the	e history of serving
					ake your community more tes 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 will be different because of this funding?
Please attach your budget using the budget template provided on our website here.