

VALENTINE FOUNDATION Applicant Constituency Information

ORGANIZATION NAME: _____

NOTE: This form is for Valentine Foundation internal use only. Please complete it as accurately as possible.

Information on Organization:

1. Estimate the total number of people your **organization** will serve this fiscal year? _____
(starting month/year of your FY: _____; ending month/year _____)

2. Population(s) your organization will serve this fiscal year:
African/African American/Caribbean _____% Asian/Asian American _____% U.S. Born _____%
White _____% Hispanic/Latino _____% Non-U.S. born _____%
Native American _____% Multi-ethnic/Other _____%

3. Age group(s) your organization serves:
Children (0-11) _____% Adults (26-64) _____%
Adolescents (12-18) _____% Seniors (65+) _____%
Young Adults (19-25) _____%

4. Gender of population(s) served (estimate as best you can): Female _____% Male _____% Trans _____%

5. Income level of the population(s) served by your organization in this fiscal year (if available):
Public assistance (below \$22,000/year) _____% Middle Income (\$45,000 – \$160,000) _____%
Low income (\$22,000 - \$45,000) _____% Upper income (above \$160,000/year) _____%
[Note: figures derived from a variety of government and academic sources]

6. Geographic area served by the organization:
Please list the county or counties you serve: _____
Local _____% Regional _____% National _____%

7. Type of area(s) served by the organization:
Urban _____% Suburban _____% Rural _____%

8. Please rank which social change indicator(s) your proposal addresses:
(up to three, with #1 = most relevant)
Shift in Definitions () Shift in Behavior () Shift in Engagement ()
Shift in Policies () Maintenance of current position ()

For complete information on the "Social Change Indicators Matrix" go to:
<http://www.valentinefoundation.org/pdf/socialchangematrix.pdf>

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Proposal Focus:

9. Please rank those categories that best describe the focus of your proposal:
(up to 3, #1 being most important)

Anti-violence ()	Arts ()	Civil rights ()
Community Development ()	Domestic Violence ()	Economic Development ()
Education ()	Environment ()	Family Support ()
Health/Wellbeing ()	Housing ()	Political Advocacy ()
Reproductive Rights	Self-esteem/personal empowerment ()	
Other () _____		

Board Composition:

10. Total number of Board members: _____

11. Gender: Female ___ Male ___ Trans ___

12. Age: Under 23 ___ 23-35 ___ 36-64 ___ 65+ ___

13. Race/ethnicity/national origin:

African/African American/Caribbean _____	Asian/Asian American _____	U.S. Born _____
White _____	Hispanic/Latino _____	Non-U.S. born _____
Native American _____	Multi-ethnic/Other _____	

14. Do any of your clients/constituents serve on your Board? Yes ___ No ___

15. Are any of your Board members compensated? If yes, please explain:

Staff composition:

16. Total number of staff: _____ Number Full-time: _____ Number part-time: _____

17. Total number of staff who will be assigned to implementing the grant (if funded): _____

18. Gender: Female ___ Male ___ Trans ___

19. Age: Under 23 ___ 25-35 ___ 36-64 ___ 65+ ___

20. Race/ethnicity/national origin:

African/African American/Caribbean _____	Asian/Asian American _____	U.S. Born _____
White _____	Hispanic/Latino _____	Non-U.S. born _____
Native American _____	Multi-ethnic/Other _____	