

Valentine Grant Program

Valentine Foundation

Project Name*

Character Limit: 100

Project Description*

Character Limit: 4000

Amount Requested*

Character Limit: 20

Target population for program*

Choices

Girls (0-11)
Adolescents (12-18)
Young Women (19-25)
Adult Women (26-64)
Senior women (65+)
Multi-age women/girls

Gender of populations served by program

Please indicate the % of each gender in the areas below.

Female

Character Limit: 3

Male

Character Limit: 3

Transgender

Character Limit: 3

Program area/Proposal focus

You may choose up to 3 areas

Choices

Anti-violence
Arts
Childcare
Civil rights
Community development
Domestic violence
Economic development
Education
Employment

Environment
Family support
Health/well-being
Housing
Political advocacy
Reproductive rights
Self-esteem/empowerment

Geographic area served by program*

You may choose up to 3 areas.

Choices

Bucks County
Chester County
Chester
Delaware County
Five Counties
Montgomery County
National
New Jersey
Pennsylvania
Philadelphia

Funding Type*

Choices

General Operating Support
Project Support

Grant fiscal year*

Character Limit: 4

Social Change Indicator*

[Click Here](#) to read about the Social Change Indicators:

Choices

Shift in Engagement
Shift in Definition
Shift in Policy
Current Position Maintained

Populations your organization serves*

Choices

African/African-American/Caribbean
Asian/Asian-American
White
Hispanic/Latino
Native American
Multi-ethnic/Other

US Born
Non US Born

Age groups your organization serves*

Choices

Children 0-11
Adolescents 12-18
Young Adults 19-25
Adults 26-64
Seniors 65+

Income levels of populations served by organization*

Choices

Public Assistance (below \$22K)
Middle Income (\$45K-160K)
Low Income (\$22K-\$45K)
Upper Income (above \$160K)

Total number (unduplicated) of people served by your organization this fiscal year*

Character Limit: 7

Overall budget for your organization*

Character Limit: 20

Budget for your program*

If applying for program funding

Character Limit: 20

Organizational Information

Funding request for single or multi-year*

Funding can be requested for up to three years. First time applicants are NOT eligible for multi-year funding.

Choices

Single year
Two Years
Three years

Year your organization was founded*

Character Limit: 4

Mission of your organization*

You may type your mission in the space below or upload it using the upload button.

Character Limit: 500 | File Size Limit: 1 MB

List your organizations major funding sources*

Character Limit: 1000

Board Composition

Total Number of Board Members*

Character Limit: 5

Total Female Board Members*

Character Limit: 5

Total Male Board Members*

Character Limit: 5

Total Transgender Board Members*

Character Limit: 5

Age of Board Members

Number of Board Members Under Age 23

Character Limit: 5

Number of Board Members Age 23-35

Character Limit: 5

Number of Board Members Age 36-64

Character Limit: 5

Number of Board Members Age 65+

Character Limit: 5

Race/Ethnicity/National Origin of Board Members

Total Number African/African- American/Carribbean

Character Limit: 7

Total Number Asian/Asian-Amercian*

Character Limit: 7

Total Number White*

Character Limit: 7

Total Number Hispanic/Latino*

Character Limit: 7

Total Number Native American*

Character Limit: 7

Total Number Multi-ethnic/Other*

Character Limit: 7

Total Number US Born*

Character Limit: 7

Total Number Non US Born*

Character Limit: 7

Do any constituents serve on your board?*

Choices

Yes

No

Are any of your board members compensated? If yes, please explain below.*

Choices

Yes

No

If you answered 'Yes' above please explain.

Character Limit: 1000

Staff Composition

Total Number of Full Time Staff Members*

Character Limit: 7

Total Number of Part Time Staff Members

Character Limit: 7

Total Female Staff Members*

Character Limit: 7

Total Male Staff Members*

Character Limit: 7

Total Transgender Staff Members*

Character Limit: 7

Age of Staff Members

Number of Staff Members Under Age 23**Character Limit: 7***Number of Staff Members Age 23-35****Character Limit: 7***Number of Staff Members Age 36-64****Character Limit: 7***Number of Staff Members Age 65+****Character Limit: 7***Race/Ethnicity/National Origin of Staff Members****Total Number African/African- American/Carribbean****Character Limit: 7***Total Number Asian/Asian-American****Character Limit: 7***Total Number White****Character Limit: 7***Total Number Hispanic/Latino****Character Limit: 7***Total Number Native American****Character Limit: 7***Total Number Multi-ethnic/Other****Character Limit: 7***Total Number US Born****Character Limit: 7***Total Number Non US Born****Character Limit: 7***Total number of staff assigned to grant if funded****Character Limit: 7*

NOTE TO APPLICANTS: To ensure that you receive email communication from the foundation please add the email address **administrator@grantinterface.com** to your list of safe senders. For Outlook users the instructions are as follows:

1. On the **Home** tab, in the **Delete** group, click **Junk**, and then click **Junk E-mail Options**.
2. Select the **Safe Sender** tab and click **Add**
3. Add email address **administrator@grantinterface.com** and click **OK**.