

# 2024 Valentine Grant Process

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*Valentine Foundation*

## *Valentine Foundation Vision Statement*

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### **Valentine Vision Statement**

*The Valentine Foundation envisions a society in which all women, girls, and non-binary individuals thrive. Our definition of "women and girls" includes anyone who is cis-gender or trans woman/girl, or non-binary. The groups we focus on who have historically been under-represented in leadership roles include, but are not limited to, those who are Black, Indigenous, People of Color (BIPOC), LGBTQ+, and/or People with Disabilities.*

## *Eligibility Questions (8)*

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### **Does your organization operate in the greater Philadelphia region?\***

The Greater Philadelphia region refers to southeastern Pennsylvania counties (Bucks, Chester, Delaware, Montgomery and Philadelphia) as well as contiguous counties in southern New Jersey (Camden) and Delaware (New Castle). If your organization operates nationally, but has a program within the greater Philadelphia region, you are eligible for funding.

#### **Choices**

yes  
no

### **Is your organization, or is your fiscal sponsor, a 501(c)(3) organization as determined by the IRS?\***

#### **Choices**

yes  
no

### **Does your organization primarily serve women and girls (as defined above)?\***

#### **Choices**

yes  
no

## Does your organization/program fit into one of the four social change Indicators?\*

**PLEASE NOTE:** Valentine does not fund organizations that only engage in direct service. We fund organizations that either 1) combine their direct service programs with social change advocacy, or 2) engage solely in social change advocacy.

We have adopted four of the Women's Funding Network's **Indicators of Social Change** to structure our grantmaking. Please review the chart carefully to identify the one indicator most aligned with your proposed project.

### Choices

yes  
no

## Annual Budget Size of Organization\*

If you are requesting General Operating funds, does your organization have an annual budget of less than \$5,000,000?

### Choices

yes  
no  
N/A (we are not requesting General Operating Funds)

## Annual Budget of your program/project\*

If you are requesting program/project support, is the annual budget for your program/project less than \$1,000,000?

### Choices

yes  
no  
N/A (we are not requesting program/project support)

## Organizational Decision Making\*

Does your organizational decision making include the voices of those most impacted by the issue you are trying to address?

### Choices

yes  
no

## Organizing/Social Change component\*

Does your organization/program include organizing for social change and/or advocacy?

## Choices

yes

no

## Is your organization eligible for funding from the Valentine Foundation this year?

If you answered "no" to any of the 8 eligibility questions, your organization is NOT eligible. Please do not complete this LOI.

*Character Limit: 1*

## Organizational Information

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### Organization Name\*

*Character Limit: 100*

### Organization Mission Statement\*

Please type or cut and paste your organization's mission statement.

*Character Limit: 1000*

### How does your organization address gender justice?\*

Please give examples of how your organization embodies gender justice- examples: board representation, policies, trainings, organizational value statements, constituency of staff, constituency of people served.

*Character Limit: 1500*

### How does your organization address racial justice?\*

Please give examples of how your organization embodies racial justice- examples: board representation, policies, trainings, organization value statements, constituency of staff, constituency of people served.

*Character Limit: 1500*

### Total number of people served by your organization this fiscal year\*

*Character Limit: 7*

### Organization Annual Budget\*

What were your total expenses for the most recently completed fiscal year?

*Character Limit: 20*

## Staff Composition

### Total number of Full Time Staff Members\*

*Character Limit: 10*

## Total Number of Part Time Staff Members\*

*Character Limit: 7*

## How many BIPOC people are in senior management?\*

*Character Limit: 100*

## *Funding Request*

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### Project Description

Please include the change you are trying to achieve and the measures you will track to determine success during the grant period.

*Character Limit: 4000*

### Program area/Proposal focus\*

You may choose up to 3 areas

#### Choices

Anti-violence  
Childcare access  
Civil rights  
Criminal Justice reform  
Domestic violence prevention  
Economic Justice/Workers' Rights  
Educational equality  
Healthcare access  
Housing access  
Reproductive rights  
Leadership development  
Other

### If you chose "Other" above, please explain

*Character Limit: 250*

### Annual budget for the program/project for which funding is requested

If applying for program/project funding

*Character Limit: 20*

### 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

**Amount Requested\***

Maximum amount is \$15,000.

*Character Limit: 20*

**Funding Request Purpose\*****Choices**

General Operating Support  
Project Support

**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/Restored

**Voices of people most impacted\***

Please describe how your efforts include the voices of those most impacted by the issue you are trying to address. How are those voices translated into your efforts for social change based on the indicator you selected above?

*Character Limit: 2000*

**Does your organization/program prioritize outreach to certain population?**

If your organization or program prioritizes outreach to one or more of these populations, check any that apply.

**Choices**

A race/ethnicity not listed here  
Asian or Pacific Islander  
Black or African American  
Hispanic or Latinx  
Native American or Native Alaskan  
We do not target a specific population  
White or Caucasian

**Population your organization serves\*****Choices**

Cisgender Women/Girls  
Trans Women/Girls  
Gender Expansive Adults/Youth

**Is your organization/program open to non-US citizens?\*****Choices**

Yes

No

## How did you hear about the Valentine Foundation?

*Character Limit: 250*

**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.