

# mary kay ash charitable foundation grant request application

## preamble

The mission of the Mary Kay Ash Charitable Foundation is to eliminate violence against women. As a part of this effort, the Foundation wishes to donate funds to worthwhile organizations that aid the victims of domestic violence.

Please complete this application and mail it to the Mary Kay Ash Charitable Foundation by Thursday, October 31, 2019 for consideration for a grant. Grants to shelters for victims of domestic violence will be made following review of this document and requested attachments. Failure to include all information specified in this application will result in disqualification of the applicant. The Mary Kay Ash Charitable Foundation reserves the right to request additional information during the review process.

The funds awarded by the Foundation may be used for the operating budget of the shelter, with the exception of staff travel. No exceptions will be made.

Upon selection of the recipients, the Foundation will mail a cheque in accordance with the information contained in the cover letter. All decisions of the board are final.

***Failure to receive a grant does not prohibit the shelter from applying the following year.***

## attachments requested

In addition to answering the questions listed on this application, please attach the following documents:

- Charitable Registration Number **(Please note: If this is not included, the Review Committee will be unable to include your Shelter Grant Application in the review process)**
- Cover letter including how you plan to use the funds and any innovative programs that you may have
- A copy of the current board-approved budget
- A list of the board of directors, including their occupations or standing in the community
- A list of the top ten corporations, individuals, government agencies (including local, provincial or federal grants) and foundations that donate to the shelter. (Please include the percentage of total budget for each source.)
- A copy of the shelter's mission statement

# application form

## shelter name & information

Organization Name: \_\_\_\_\_

Shelter Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Web Site: \_\_\_\_\_

## shelter contact

Name of proposal contact person: \_\_\_\_\_

Title: \_\_\_\_\_

Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Email: \_\_\_\_\_

Please provide a brief description of how the grant will be used (in 25 words or less).

---

---

---

---

---

---

Does the shelter have a current or former client available to speak with the local media? If yes, please provide her name and phone number.

---

---

---

# application form

## shelter snapshot

Year Founded: \_\_\_\_\_ Total Shelter Budget for 2018 \$: \_\_\_\_\_

Number of Employees:

F/T: \_\_\_\_\_

P/T: \_\_\_\_\_

Volunteers: \_\_\_\_\_

What role do volunteers play in your program? \_\_\_\_\_

Areas served (indicate with an "x"): Rural \_\_\_\_\_ Urban \_\_\_\_\_ Suburban \_\_\_\_\_

List geographic areas served: \_\_\_\_\_

Largest city/metropolitan area within your service range:

\_\_\_\_\_

	2018
Number of sites	
Shelter capacity	
Average length of shelter stay	
Maximum length of stay	
Number of women served	
Number of children served	

## application form

services offered by your organization (indicate with an “x”)

SERVICE	YES	NO
911 Cell Phones for Victims		
Advocacy and Counseling		
Batterer Intervention Services		
Children’s Services		
Computer Access or Training for Survivors		
Crisis Hot Line		
Employment Referrals		
Job Skills Training		
Legal Assistance		
Non-Resident Support Group		
On-site Child Care		
Public Education		
Sexual Assault Services		
Teen Education & Services		
Transitional Housing		
Transportation Services		

Does your shelter house individuals other than domestic violence victims?  
If so, please describe.

---

Please briefly list services provided by your organization not included in the list above.

---

---

---

---

---

---

---

# application form

## survivor demographics:

Please provide the following demographic information on your client base (in percentages):

### Age

Youth (0-18) \_\_\_\_\_ %

Adult (19-50) \_\_\_\_\_ %

Elderly (Over 50) \_\_\_\_\_ %

## questions:

*Please respond to the following questions. There are no right or wrong answers. The Foundation is simply attempting to assess the scope of services you provide.*

1. Briefly describe your organization, the clients it serves, and its major objectives.

---

---

2. Do you provide wheelchair access? \_\_\_\_\_ If so, please describe which parts of your facilities are accessible.

---

---

3. Do you provide services in a language other than English? If yes, please list other languages.

---

4. Do you have an age limit for male children? \_\_\_\_\_

If yes, what age? \_\_\_\_\_

If yes, how do you ensure that adolescent boys receive advocacy and services?

---

---

5. Do you have an Executive Director? \_\_\_\_\_

Name \_\_\_\_\_

Tenure \_\_\_\_\_ Phone number \_\_\_\_\_

6. Do you have a Director of Development? \_\_\_\_\_

7. Is your shelter a member of a provincial organization? If so, which one?

---

---

## application form

8. Are any Mary Kay Beauty Consultants involved in your organization either as board members, through volunteer work or monetary donors? Yes \_\_\_\_ No \_\_\_\_  
If yes, please provide their names and describe your relationship/partnership.

---

---

9. What is your greatest current challenge as an organization?  
What was your greatest accomplishment as an organization last year?

---

---

---

---

---

---

### financial questions:

1. Does your organization have any past-due payroll taxes or other taxes, and does your organization have any pending or active litigation regarding a financial matter (indicate with an "X")?

Yes \_\_\_\_ No \_\_\_\_ If yes, explain.

---

---

# application form

## shelter grant agreement:

Should we receive this grant, we agree to the following conditions:

1. The Grant will be used for the operating budget of the shelter, with the exception of staff travel. No exceptions will be made.
2. We agree to file a one paragraph report with the Mary Kay Ash Charitable Foundation within six months on how the money was used.
3. We would be willing to participate with the Mary Kay Ash Charitable Foundation in any media possibilities this grant may provide.

Signed: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

Please mail by Thursday, October 31, 2019

- Cover letter
- Application
- Attachments (see list on page 1)
- Charitable Registration Number
- Signed agreement (page 7)
- Pages not numbered

Address:

Shelter Grant Application  
Mary Kay Ash Charitable Foundation  
2020 Meadowvale Blvd.  
Mississauga, ON  
L5N 6Y2

