

## **THE MARY KAY FOUNDATION GRANT REQUEST APPLICATION**

### **PREAMBLE**

The goal of The Mary Kay Foundation is to eliminate domestic violence. 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 Foundation, it must be postmarked by **Wednesday, June 30, 2010**, 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 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 awardees the Foundation will mail a check in accordance with information contained in the cover letter. No notification will be sent to shelters that are **not** selected. All decisions of the board are final.

Failure to receive a grant does not prohibit the shelter from applying the following year. Shelters that receive grants may not apply the following year. The Foundation wishes to aid the largest number of shelters as possible. This requires it to exclude for a period of one year the previous year's awardees.

### **ATTACHMENTS REQUESTED**

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

- Cover letter including how you plan to use the funds and any innovative programs that you may utilize
- MKACF Application
- Letter of determination from the Internal Revenue Service
- 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, state or federal grants) and foundations that donate to the shelter. (Please include the dollar amount and percentage of total budget for each source.)
- A copy of the shelter's mission statement
- **State map** (from internet) showing the county in which your shelter is located.

**Shelter Name & Information**

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

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

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

City, State, Zip Code \_\_\_\_\_

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

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

Shelter EIN (Federal Tax ID Number): \_\_\_\_\_

Is the shelter a 501 (c) 3? \_\_\_\_\_

If not, what is the classification of the shelter? \_\_\_\_\_

**Shelter Contact**

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

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

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

**E-mail:** \_\_\_\_\_

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.

**SHELTER SNAPSHOT**

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

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 (include counties):

Largest city/metropolitan area within your service range:

Name of proposal contact person:

Title:

Phone:

Email:

	2009
Number of sites	
Shelter capacity	
Average length of shelter stay	
Maximum length of stay	
Number of women served	
Number of children served	
Number of men served	

SERVICES OFFERED BY YOUR ORGANIZATION (INDICATE WITH AN "X")

SERVICE	YES	NO
Advocacy and Counseling		
Public Education		
Children's Services		
Legal Assistance		
Crisis Hot Line		
Non-Resident Support Group		
Employment Referrals		
Batterer Intervention Services		
Transportation Services		

SERVICE	YES	NO
Meal Provision/Food Pantry		
Job Skills Training		
Teen Education & Services		
911 Cell Phones for Victims		
Transitional Housing		
Sexual Assault Services		
On-site Child Care		
Computer Access or Training for Survivors		

**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.**

### **SURVIVOR DEMOGRAPHICS**

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

#### *Ethnicity*

Caucasian \_\_\_%  
African-American \_\_\_\_\_%  
Hispanic \_\_\_\_\_%  
Native-American \_\_\_\_\_%  
Asian \_\_\_\_\_%  
Other (please specify): \_\_\_\_\_%

#### *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. Describe your program's advocacy philosophy.
3. Please describe how the hot line and other shelter services are publicized? (Please explain.)
4. Do you provide wheelchair access? \_\_\_\_\_ If so, please describe which parts of your facilities are accessible.

5. How do you provide bilingual services?
  
6. 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?
  
7. When you have to turn people away from shelter, how do you provide appropriate services and advocacy?
  
  
8. Do you have an executive director? \_\_\_\_\_  
Name \_\_\_\_\_  
Tenure \_\_\_\_\_  
Phone number \_\_\_\_\_
  
9. Do you have a director of development? \_\_\_\_\_
  
  
10. Is your shelter a member of a state coalition or state organization? If so, which one?
  
  
11. 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
  
  
12. What is your greatest current challenge as an organization?
  
  
13. What was your greatest accomplishment as an organization last year?

**Shelter Grant Agreement:**

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

- 1. The money 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 Foundation within six months on how the money was used.**
- 3. We would be willing to participate with The Mary Kay Foundation in any media possibilities this grant may provide.**

Signed

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Title

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Date

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Must be postmarked by **Wednesday, June 30, 2010**

- Cover letter
- Application
- Attachments (see list on page 1)
- Signed agreement (page 6)

**Address:** The Mary Kay Foundation  
P.O. Box 799044  
Dallas, Texas 75379-9044

**Federal Express and UPS deliveries...**

The Mary Kay Foundation  
16251 Dallas Parkway  
Addison, TX 75001