



GRANT APPLICATION INSTRUCTIONS FOR DOMESTIC VIOLENCE EMERGENCY SHELTERS

The goal of The Mary Kay Foundation is to eliminate domestic violence. As a part of this effort, the Foundation makes grants to worthwhile organizations that aid survivors of domestic violence by operating emergency shelters.

Grants to applicants that operate emergency shelters for survivors of domestic violence will be made following review of this application and the required attachments. Failure to include all information specified in this application, including the required attachments, will result in disqualification of the applicant.

**PLEASE NOTE:
ONLY APPLICANTS OPERATING AN EMERGENCY SHELTER (IMMEDIATE
OVERNIGHT HOUSING) FOR SURVIVORS OF DOMESTIC VIOLENCE ARE
ELIGIBLE FOR A GRANT. PLEASE DO NOT APPLY IF YOUR ORGANIZATION
DOES NOT OPERATE AN EMERGENCY SHELTER FOR SURVIVORS OF
DOMESTIC VIOLENCE.**

The funds awarded by the Foundation may be used for the operating budget of the applicant, 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 applicants that are not selected. All decisions of the Foundation are final.

Failure to receive a grant does not prohibit the applicant from applying the following year. In order for the Foundation to aid the largest number of applicants possible, applicants that receive grants must skip a year before applying again.

ATTACHMENTS REQUIRED

In addition to answering the questions listed on this application, the following documents must be attached. Your application will be rejected if any of these documents are not included:

- A one page cover letter including how your organization plans to use the funds.
- Letter of determination from the Internal Revenue Service.
- A copy of the current board-approved budget.
- Recent financial statements, including statement of financial position (balance sheet) and statement of activities (profit and loss statement), and audit reports.

- A listing 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 organization. Include the dollar amount and percentage of total budget for each source.
- State map from internet, with a circle around the county in which your organization is located.

Mail a cover letter, the signed application, and all required attachments **Monday, April 30, 2012 (postmark date)**.

Mailing address:

The Mary Kay Foundation
P.O. Box 799044
Dallas, TX 75379-9044

Federal Express and UPS deliveries:

The Mary Kay Foundation
16251 Dallas Parkway
Addison, TX 75001



**GRANT APPLICATION FORM
FOR DOMESTIC VIOLENCE EMERGENCY SHELTERS
(must be postmarked by Monday, April 30, 2012)**

Does your organization operate an emergency shelter (immediate overnight housing) which is primarily or solely for survivors of domestic violence and their children (indicate with an "X")? Yes _____ No _____

If yes, you may proceed with the application.

IF NO, PLEASE DO NOT APPLY.

Is your organization exempt under section 501(c)(3) of the Internal Revenue Code (indicate with an "X")? Yes _____ No _____

If yes, you may proceed with the application.

IF NO, PLEASE DO NOT APPLY.

GENERAL INFORMATION

Organization name: _____

Mailing address: _____

City, state, zip code _____

Phone #: _____ Fax #: _____

Website: _____

Organization EIN (Federal Tax ID Number): _____

Name of top staff member (Executive Director or equivalent): _____

Title: _____

Phone # _____ Fax # _____

E-mail: _____

(Notification will be e-mailed to this e-address)

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

Does the organization have a current or former client available to speak with the local media (indicate with an "X")? Yes _____ No _____ If yes, please provide her name and phone number.

APPLICANT INFORMATION

Year founded: _____ Total current budget: \$ _____

Number of staff: F/T _____ P/T _____

Number of volunteers annually: _____

What role do volunteers play in your program?

Type of areas served (indicate with an "X"): Rural _____ Urban _____ Suburban _____

List geographic areas served (include counties):

Largest city/metropolitan area within your service area:

Name of contact person for application: _____

Title: _____

Phone: _____ Email: _____

STATISTICS FOR FISCAL YEAR ENDING IN 2011

Number of emergency shelters operated	
Emergency shelter capacity	
Average length of shelter stay	
Maximum length of stay	
# of women served annually in shelter	
# of children served annually in shelter	
# of men served annually in shelter	
Total # of women served annually for all services	
Total # of children served annually for all services	
Total # of men served annually for all services	

SERVICES OFFERED BY YOUR ORGANIZATION IN ADDITION TO EMERGENCY SHELTER (INDICATE WITH AN “X”)

SERVICE	YES	NO
Advocacy & 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 Survivors		
Transitional Housing		
Sexual Assault Services		
On-site Child Care		
Computer Access or Training for Survivors		

SURVIVOR DEMOGRAPHICS

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

Ethnicity:

- Caucasian _____ %
- African-American _____ %
- Hispanic _____ %
- Native-American _____ %
- Asian _____ %
- Other (specify): _____ %

Age:

- 0-18 yrs. _____ %
- 19-50 yrs. _____ %
- Over 50 yrs. _____ %

PROGRAM QUESTIONS

1. State the mission of your organization.

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

3. Briefly list any services provided by your organization that are not included in the "Services Offered" box above.

4. Are any of your services innovative (indicate with an "X")? Yes _____ No _____ If yes, explain.

5. Does your emergency shelter house individuals other than domestic violence survivors (indicate with an "X")? Yes _____ No _____ If yes, explain.

6. Describe your program's advocacy philosophy.

7. Describe how the emergency shelter, hotline, and other services are publicized?

8. Do you provide wheelchair access (indicate with an "X")? Yes _____ No _____ If yes, describe which parts of your facilities are accessible.

9. How do you provide bilingual services (staff, interpreter, etc.)?

10. Do you have an age limit for male children (indicate with an "X")? Yes _____ No _____ If yes, what age? _____ If yes, how do you ensure that adolescent boys receive advocacy and services?

11. When you have to turn people away from your emergency shelter, how do you provide appropriate services and advocacy?

12. Is your organization a member of a state domestic violence coalition or organization (indicate with an "X")? Yes _____ No _____ If yes, describe.

13. Are there any Mary Kay Beauty Consultants involved in your organization as staff member, board members, volunteers, monetary donors, or product donors (indicate with an "X")? Yes _____ No _____ If yes, provide their names and describe your relationship.

14. What is your greatest current challenge as an organization?

15. What was your greatest accomplishment as an organization over the past year?

FINANCIAL QUESTIONS

1. Does your organization have audited financial statements (indicate with an "X")? Yes _____ No _____ If yes, list the ending period of the most recent audit and the name of the audit firm.

And if you have audited financial statements, did you receive a qualified opinion from the auditor, and did you receive a management letter with any constructive or critical comments (indicate with an "X")? Yes _____ No _____ If yes, explain.

2. Is your organization's Form 990 past due for your last fiscal year (indicate with an "X")? Yes _____ No _____ If yes, explain.

3. 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.

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 organization, 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 about how the grant was used.**
- 3. We would be willing to participate with The Mary Kay Foundation in any media possibilities this grant may provide.**

Signed: _____

Title: _____

Date: _____

Mailing address for notification: _____

