

# Jenny's Light Grant Application



## About Jenny's Light

On December 19, 2007, Jennifer and her son, Graham Gibbs Bankston, tragically passed away as a result of an untreated perinatal mood disorder. Jenny suffered silently but her symptoms could have been detected and treated. Because of this, Jenny's Light, a non-profit public charity was created. The mission of Jenny's Light is to improve and save lives by increasing public awareness of all perinatal mood disorders, including postpartum depression.

Please visit [www.jennyslight.org](http://www.jennyslight.org) for more information.

## Focus Areas to be Funded

Jenny's Light is seeking proposals to fund projects or programs designed to increase awareness of perinatal mood disorders that address one or more of the following:

- Improve symptom knowledge and identification
- Improve knowledge of supportive resources
- Improve provider capacity to recognize and treat perinatal mood disorders
- Lessen stigma or misconceptions associated with perinatal mood disorders

Jenny's Light is particularly interested in innovative projects that will reach women, families, and providers from diverse backgrounds.

## Eligibility for Grants

Applicants must be non-profit organizations (exempt from Federal income taxes under section 501c(3) of the Internal Revenue Code), schools, governmental bodies, or under the supervision of such a group.

## Funding

One or more grants up to a total of approximately \$10,000 will be made to projects that best meet the above criteria.

## Timeline

Due date                      September 1, 2009

The grant proposal package (excluding attachments) should not exceed 4 pages.

Please submit complete application to:

[hope@jennyslight.org](mailto:hope@jennyslight.org)

*or*

Jenny's Light

5021 Vernon Avenue, Suite 107

Minneapolis, MN 55436

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## Grant Application Cover Sheet

Date of application: \_\_\_\_\_

### Organization Information

<i>Name of organization</i>		<i>Legal name, if different</i>	
<i>Address</i>	<i>City, State, Zip</i>	<i>Employer Identification Number (EIN)</i>	
<i>Phone</i>	<i>Fax</i>	<i>Web site</i>	
<i>Name of top paid staff</i>	<i>Title</i>	<i>Phone</i>	<i>E-mail</i>
<i>Name of contact person regarding this application</i>	<i>Title</i>	<i>Phone</i>	<i>E-mail</i>

Is your organization an IRS 501(c)(3) not-for-profit? \_\_\_\_\_ Yes \_\_\_\_\_ No

*If no*, is your organization a public agency/unit of government? \_\_\_\_\_ Yes \_\_\_\_\_ No

*If no*, list name and address of fiscal agent:

\_\_\_\_\_  
\_\_\_\_\_ *Fiscal agent's EIN number*

### Proposal Information

Please give a 2-3 sentence summary of request:

Please describe the community of need that your program will target: \_\_\_\_\_ Geographic area served: \_\_\_\_\_

### Budget

Dollar amount requested: \$ \_\_\_\_\_

Total annual organization budget: \$ \_\_\_\_\_

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## PROPOSAL NARRATIVE

### I. ORGANIZATION INFORMATION

1. Please provide a brief summary of your organization's mission, key program areas, and major accomplishments.

### II. PURPOSE OF GRANT

1. Situation
  - a. Identify what you perceive as the compelling need/issue in your target population/area.
  - b. Describe the intended goal(s) of the proposed project or program and how it will increase awareness of perinatal mood disorders and lead to improved or saved lives.
  - c. Describe the larger vision for your organization. How will your proposed project move you toward that larger vision?
2. Activities
  - a. Describe the strategies or ways in which you will meet the goal(s).
  - b. Describe the specific activities for which you seek funding.
  - c. Identify who will carry out those activities.
  - d. Identify the time frame in which the above will take place.

### III. EVALUATION

1. Please describe your plan for assessing the degree to which your project/program achieved its goals.

## BUDGET

1. Please attach project/program budget, including income and expenses.

## PROPOSAL CHECKLIST

- Cover sheet
- Proposal narrative
- Project budget