**WILLIAM PENN FOUNDATION**

**APPLICATION FOR FAMILY RECOVERY FUND GRANT**

**ORGANIZATION INFORMATION**

**Tax ID #:**

**Legal Name of Organization:**

**Mailing Address:**

**Telephone #:**

**Web Address:**

**ORGANIZATION BACKGROUND –** ***Please tell us about your work, including your mission and relevant experiences. Please indicate your service area (neighborhoods and zip codes) and whether there are specific groups of people you serve (e.g., immigrants, older adults, LGBTQI, etc.). Please feel free to attach materials (annual report, another application, etc.) instead of writing a response.***

**DESCRIBE YOUR ORGANIZATION’S COMMITMENT TO RACIAL EQUITY – *How does your organization reflect and engage the community it serves?  Please speak to staff and board composition as well as organizational policies and practices for listening to and addressing the community’s needs, removing barriers for accessing services, and other forms of engaging and centering the community you serve.***

**PROJECT INFORMATION**

**PURPOSE (*Provide a one sentence description of the services your organization would provide with this funding.*)**

**AMOUNT OF REQUEST**

**DESCRIBE HOW YOUR ORGANIZATION WOULD USE THE GRANT. *What are the key activities and who will you serve and/or partner with?***

**WHAT, IF ANY, DEMOGRAPHIC INFORMATION (race, ethnicity, age, gender, household income, primary language, home zip code) ABOUT THE PEOPLE YOU SERVE AND/OR WORK WITH DO YOU COLLECT THAT YOU WOULD BE ABLE TO SHARE?**

**PLEASE DESCRIBE THE NEED FOR THESE SERVICES**

***Given the pandemic and current challenges, what do you anticipate using the grant funds for that will be most helpful to your organization and the communities you serve and/or work with?***

**KEY STAFF *- Provide a list of key staff with a brief description of their roles and relevant experiences.***

**WHAT IS THE INTENDED GOAL OF THE PROJECT OR PROGRAM? *If it is helpful, you can simply complete this statement: “By (insert month, year), (# of students, individuals, or households) will (identify change in condition or service provision) as measured by (insert assessment tool or other metric).” As an alternative, please provide an estimate of the number of people/households/meals to be served.***