inroads Blooming Grant Application Template

Please use the online form to submit your application for a Blooming Grant between July 17, 2023 and July 27, 2023 at midnight GMT. **This template is only to help you prepare your submission.** If you have any problems completing the online form, please reach out to MemberSupport@makeinroads.org.

We encourage you to use the template below to prepare your responses, since the online form must be completed in one session. **To use this template, please click "File -> Make a Copy" to save a copy to your own Google Drive, or click "File -> Download" to download a Word file**.

About the applicant

The first questions are about the applicant. When we say organization, we mean group, collective, consortium, network, etc. This does not have to be a legally registered organization. Unless it is specified, information in these fields will not be shared with participatory reviews.

Original language *
Select the language you are entering responses in. If you need to translate the online form, click on the language in the top of your screen, in the yellow banner.

- ☐ English
- ☐ Español
- ☐ Français

Lead applicant name *
Please enter the name of the lead applicant. This will be the primary contact for this application process, and must be an inroads member. This should be the name of a person, not a group or organization.

Enter text here

Primary Email Address *

This is the primary email address where inroads will communicate about your application. Be sure to enter an email address that you can monitor.

Enter text here

Alternative Email Address

This is the email address where inroads will try to reach out if it is not possible to contact you on the primary email address. Be sure to enter an email address that you can monitor..

Enter text here

Other Collaborators

If there are other inroads members or key personnel collaborating on this application, please enter their names here.

Enter text here

Other Collaborator email addresses

Please enter the email addresses of other collaborators. Please separate each email address with a comma. For example:

info@makeinroads.org, membersupport@makeinroads.org

Enter text here

Country of Residence *

Please enter the country where the lead applicant lives. In the online form, you will be able to search by telephone country code or by country name to select the country. (This field will be shared with participatory reviewers.)

Enter text here

Other Countries

Please enter any other countries that are relevant for this application.

Enter text here

Organization(s) Name(s) *

Primary Organization Name*

Enter the name of the primary organization.

Enter text here

Other Organizations

Enter the names of any organizations, networks, coalitions, or grassroots groups that are affiliated with this application.

Enter text here

Leadership Composition *

Please select any and all of the following identities or experiences that are reflected in the leadership of your organization (This field will be shared with participatory reviewers.)

- ☐ People who have had abortions
- ☐ Cis women
- ☐ Non-binary, trans, or genderqueer people
- ☐ People who identify as lesbian, gay, bisexual, pansexual, or other
- ☐ Racially or ethnically marginalized people
- ☐ Class marginalized people
- ☐ Caste marginalized people
- ☐ Sex workers
- ☐ People with disabilities
- ☐ Indigenous people
- ☐ Immigrants
- ☐ People who hold another marginalized identity or experience
- ☐ None of the above

Leadership Composition Comment *

Please describe how women, trans and non-binary people, young people, people with disabilities, people who have abortions, or people who have other intersecting experiences and identities play a leadership role in your organization/group/network/coalition.

Enter text here

Ability to receive funds *

Please select the option that best describes how you are able to receive funds if selected.

- ☐ We have an organizational bank account
- ☐ We have a fiscal sponsor
- ☐ We are in the process of arranging a fiscal sponsor
- ☐ Individual bank account
- ☐ Other

More information about receiving funds

Please share any other information about how you receive wire transfers.

Enter text here

Last year's annual operating budget (USD) *

Please enter the total 2021 operating budget in USD. Inroads understands that many members are not registered organizations, or are brand new and do not yet have an annual operating budget. If that is the case, please enter "0." (zero)

Enter text here

Amount spent in Direct Service and Care (USD) *

Please enter the total 2021 amount your organization spent in direct service and care in USD. Inroads understands that many members are not registered organizations, or are brand new and do not yet have the amount spent in direct service and care. If that is the case, please enter "0." (zero)

Enter text here

About your proposal

These questions are what you are applying for funding from inroads for. Responses to these questions will be shared with participatory reviewers. Please take care not to enter any identifying information, like names of people or organizations.

Short Name to Describe Proposal *
Please enter a brief and descriptive name for your proposal.

Enter text here

Grant Purpose *
How is this project articulated with the concept of the Blooming Grant?

Enter text here

Total Amount Requested *
Please enter the total amount requested in USD.

Enter text here

Proposed activities *
Please briefly describe the activities or project you'd like to undertake with this funding.

Enter text here

Proposed project dates *

Proposed start date	Proposed end date
Enter date here: MM/DD/YYYY	*Enter date here: MM/DD/YYYY*

Stigma Work in your Organization/Collective *

How does abortion stigma work show up in your work?

Enter text here

Stigma Approach *

What is your general approach to reducing or eliminating abortion stigma?

Enter text here

Organizational Goals for 2023-2024 *

What are your organizational goals for 2023-2024?.

Enter text here

Organizational needs list *

What are your organizational needs?

- ☐ Organizational care, health, and capacity
- ☐ Abortion stigma-busting project
- ☐ Abortion stigma research
- ☐ Other: _____

Explanation *

Why are these your organizational needs?

Enter text here

Impact intention *

What is the impact you hope to achieve with the proposed work?

Enter text here

Sharing with inroads members *

How will you share any lessons, findings, or results with the network?

Enter text here

Skill/Knowledge/Mentoring Needs *

Please describe any skill-building, knowledge-sharing, or mentorship from inroads staff or other members that you anticipate needing to succeed with your proposed work.

Enter text here

Participatory review confirmation *

If your proposal is selected for full review, then you will be asked to review and score other applications. Please indicate here your willingness to participate in this process.

- ☐ **YES!** I will review and comment on other applications and participate in the selection process. I understand that this means I will dedicate the time and attention to complete this review, and if it is not completed, I understand my proposal will not be considered for funding.
- ☐ **No,** I am not willing to participate in the participatory review process. I understand this means my application will not be forwarded for full review.

Please be mindful that if you select that you will review the applications and then do not, you will not move forward in the selection process, even if your proposal is exceptional.

Anything else? *
Please share anything else that inroads staff should know about your application.

Enter text here

Information for communications

Inroads need some information to amplify the future grantees' work. We appreciate you filling out this part of the application.

Consent to share *
Do you consent to us publicly sharing information from your proposal, your team and organizational profile if you get selected? We will not share your email or address. This is an example of what we usually share.

- ☐ Yes, share publicly
- ☐ Only share with inroads
- ☐ Anonymous, do not share

Short description of the organization/collective *

Write a short description of the organization/collective that we can share publicly if you are selected. If you prefer to remain anonymous, please keep this description anonymous.

Logo

Attach your logo (whatever resolution you have it in is fine) to the email you send to inroads

Social media

Please include links where we can find your organization/collective/group on social media

- ☐ Facebook:
- ☐ Instagram:
- ☐ Twitter:
- ☐ TikTok:
- ☐ YouTube:
- ☐ LinkedIn:
- ☐ Other:

Comments about consent to share

Please let us know if there is any specific information we should avoid sharing for security reasons or any other comments you wish to share.

Enter text here

Reminder: This template is not the application form, and is for your information and preparation purposes only. You can use this template to prepare your application materials ahead of time. If the online

application form does not work for you, please contact MemberSupport@makeinroads.org so that we may work with you to find an alternative way to submit an application.