



LETTER OF INTEREST

PROJECT TITLE:
AMOUNT OF FUNDING
REQUESTED:

The mission of Silver Gummy Foundation is to use education as a means of violence prevention, primarily sexual and domestic violence. Harmful notions of masculinity and femininity that can lead to negative behaviours are largely formulated in childhood. With this in mind we hope to speak to youth while their outlook on gender is still developing.

We fund projects/organizations that are innovative and strive for achievement in the area of gender education with today's youth. As part of our evaluation process you and your organization are willing to communicate and collaborate with other stakeholders.

Please provide your answers to the following questions. For the Proposal Summary, please provide this on your organization's letterhead.

CONTACT INFORMATION

Name of Applicant/Primary Contact:	
Direct Line:	
Main Line:	
Primary Contact E-Mail Address:	
Organization Website:	

PROPOSAL SUMMARY (NO MORE THAN ONE PAGE)

ON A SEPARATE PAGE, PLEASE DESCRIBE THE PROJECT YOU ARE SEEKING FUNDING FOR, HOW THIS ALIGNS WITH THE MANDATE OF SILVER GUMMY, AND WHAT YOU BELIEVE THE SOCIAL IMPACT/ LONG-TERM OUTCOMES WILL BE. IF YOU ARE COLLABORATING WITH ANOTHER ORGANIZATION TO DELIVER THIS PROGRAM, PLEASE INDICATE WHO THEY ARE AND HOW YOU ARE WORKING TOGETHER. IF YOU ARE SELECTED, WE WILL ASK YOU FOR MORE DETAILS/LETTERS OF COMMITMENT FROM THESE PARTNERS.

ABOUT YOUR ORGANIZATION

PLEASE WRITE A SINGLE PARAGRAPH ABOUT YOUR AGENCY AND ITS HISTORY. IF YOU ARE SELECTED YOU WILL BE ASKED TO PROVIDE MORE COMPREHENSIVE INFORMATION ABOUT YOUR ORGANIZATION'S CORPORATE STRUCTURE, GOVERNANCE MODEL AND LEADERSHIP.

TARGET MARKET

WHO WILL DIRECTLY BENEFIT FROM THE PROGRAM?

- | | | |
|--|---------------------------|----------------|
| <input type="radio"/> Children | What age group? | _____ |
| <input type="radio"/> Adults | In what capacity/context? | _____ |
| <input type="radio"/> Other organizations/agencies | Which ones? | 1.
2.
3. |

PROJECT TIMELINE/ PROJECT BUDGET

USING YOUR PROJECT SUMMARY PLEASE PROVIDE US WITH A HIGH-LEVEL TIMELINE AND BUDGET FOR THIS PROJECT. SHOULD THIS PROJECT ALIGN WITH OUR INTERESTS YOU WILL BE ASKED TO SUBMIT A MORE COMPREHENSIVE PROJECT TIME LINE AND FORMAL BUDGET.

TOTAL PROJECT COST:	\$												
WHO ELSE IS SUPPORTING THIS PROJECT? PLEASE ADD ADDITIONAL LINES AS NEEDED.	<table><thead><tr><th>NAME OF FUNDER</th><th>AMOUNT</th><th>OF</th></tr><tr><td></td><th>CONTRIBUTION</th><td></td></tr></thead><tbody><tr><td></td><td>\$</td><td></td></tr><tr><td></td><td>\$</td><td></td></tr></tbody></table>	NAME OF FUNDER	AMOUNT	OF		CONTRIBUTION			\$			\$	
NAME OF FUNDER	AMOUNT	OF											
	CONTRIBUTION												
	\$												
	\$												
TOTAL AMOUNT REQUESTED FROM SILVER GUMMY FOUNDATION:	\$												

High-level Project Timeline Example:

- *Activity #1 (Enroll participants):*
 - *Start designing enrollment marketing materials to be completed by DATE*
 - *Spend \$X to create these materials by DATE*
 - *X% of program enrollment by DATE*
 - *X% of program enrollment goal by DATE*
- *Activity #2 (Deliver Program):*
 - *Hire staff by DATE*
 - *Staff contracts valued at \$X*
 - *First program to be begin on DATE*
 - *Spend \$X on program materials (\$X per class/activity)*

AGREEMENT AND SIGNATURE

BY SUBMITTING THIS APPLICATION, I AFFIRM THAT THE FACTS SET FORTH IN IT ARE TRUE AND COMPLETE. I UNDERSTAND THAT IF MY PROJECT IS SELECTED, ANY FALSE STATEMENTS, OMISSIONS, OR OTHER MISREPRESENTATIONS MADE BY ME ON THIS APPLICATION MAY RESULT IN MY IMMEDIATE DISQUALIFICATION FROM THE FUNDING PROCESS.

Name (printed)	
Signature	
Date	

OUR POLICY

IT IS THE POLICY OF SILVER GUMMY FOUNDATION TO PROVIDE EQUAL FUNDING OPPORTUNITIES WITHOUT REGARD TO RACE, COLOR, RELIGION, NATIONAL ORIGIN, GENDER, SEXUAL PREFERENCE, AGE, OR DISABILITY.

THANK YOU FOR COMPLETING THIS LOI FORM. WE WILL BE IN TOUCH WITH NEXT STEPS IN FOUR TO EIGHT WEEKS.