

Military Rape Crisis Center

Grant Application Form

Submit completed applications to: panayiota@stopmilitaryrape.org

Section 1: Organization Information

Organization Name:

EIN or Fiscal Sponsor EIN:

Website:

Primary Contact Name:

Title:

Email:

Phone Number:

Organization Address:

Section 2: Organizational Overview

Mission Statement:

Year Founded:

Brief Description of Your Organization:

Do you currently work with:

Active Duty service members

Veterans

Military families or loved ones

Survivors of sexual violence

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Section 3: Program Information

Program Name, if applicable:

Describe the program or services this funding will support:

Population(s) served:

Geographic area served:

How is your work trauma-informed and survivor-centered?

How does your organization ensure equity, accessibility, and inclusion?

Section 4: Impact

What problem are you addressing?

What outcomes do you hope to achieve with this funding?

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Section 4: Impact, continued

Estimated number of individuals served annually:

How do you measure success or impact?

Section 5: Funding Request

Amount Requested: \$

Total Program Budget: \$

How will grant funds be used? Check all that apply:

Direct services

Staffing

Program expansion

Capacity building

General operating support

Other

Budget Narrative:

Section 6: Organizational Capacity

Number of Staff:

Number of Volunteers:

Briefly describe your experience working with survivors and/or military-connected populations:

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Section 7: Attachments

Please include the following with your application:

- Most recent IRS determination letter or fiscal sponsor documentation
- Most recent financial statements or organizational budget
- Optional: annual report, program materials, or impact report

Section 8: Certification

By submitting this application, I certify that the information provided is accurate and complete to the best of my knowledge.

Name:

Title:

Signature:

Date:

Submit Application

Email completed applications and attachments to:

panayiota@stopmilitaryrape.org