



The 2024 Georgia Lupus Collaborative Grant APPLICATION

Purpose

To improve the lives of citizens of Georgia who live with lupus and/or their caretakers.

Award Amount:

One or more projects will be funded, up to a total of \$30,000*

*Awarded to one or more 501c(3) organization(s) from Georgia that aspire to the GCLEA's mission statement and goals.

Contact:

admin@galupuscouncil.org

Important Dates:

March 7, 2024, at 5 p.m.: Application Deadline

March 21, 2024: Funding Notification

March 21, 2024: Project Start Date

June 10, 2024: Final Report and Invoices Due

PART 1

On a one-page cover sheet, include the following information:

Organization Information

Organization Name*

IRS Tax ID Number (EIN)

Physical Address*

Mailing Address (if different than physical address)

Organization Website (if available)

Primary Contact

(The person responsible for all communication related to the grant proposal)

Salutation

First Name*

Last Name*

Title*

Phone*

Email Address (if applicable)

PART II

Respond to the following in a separate Word or PDF document with no smaller than 1-inch margins. The font size must be 11 points. Page limit is 8 and should be single-spaced. Applications that do not meet these requirements will not be reviewed.

Section 1: Organization and/or Project Mission and Vision (if applicable)

Please start the mission statement with your organization name followed by what it does.

Section 2a: Overview and Purpose*

Please provide an overview of your organization and your request for support. Consider the following: How would you characterize the challenges and opportunities your organization addresses as it relates to the mission statement and goals of the GCLEA.

Section 2b: Overview and Purpose Continued*

Consider the following: Describe your organization's connection to and knowledge of the community(ies) where you operate. What is the social makeup of the community your organization serves? (race/ethnicity, social and economic status, location, etc.) How is your organization targeting its approach to reach specific communities?

Section 3: Community Engagement*

How, if at all, do you regularly and consistently engage community members, including those with lived experience in lupus, to ensure strategies and solutions meet the needs of the community?

Section 4: Leadership, Staff, and Governance / Board

Please tell us more about your leadership team. Consider these questions: How are members of your leadership team and governance / board uniquely positioned (e.g., given their backgrounds, experiences, etc.) to advance your organization's mission? How is your staff and leadership team reflective of the community your organization serves?

Section 5: Potential Impact of Funding*

Please describe what success might look like in the short- (2-4 months), medium- (5-12 months, beyond the grant), and long-term. What are 2-4 indicators that you would use to assess your progress (use as part of evaluation of impact in the final report)? What potential developments or challenges— internal or external— could make it harder for your organization to be successful?

Section 6: Collaboration*

How does your organization understand its place and value-add in the local social services ecosystem? Who are some of your core partners and allies (non-profits, government agencies, businesses, etc.) in your work? Where appropriate, what are your plans to engage with other organizations and/or community assets to effectively support and enhance the lives of individuals and families you serve?

Section 7: Fiscal Responsibility and Sustainability*

Please enter the total amount you are requesting as well as a breakdown of costs, including a brief description. How would you describe your financial health and sustainability? Provide details on your strategy to sustain or improve both.