

# Food and Farm Communications Fund Core Grant Application

Letter of Intent

## Verify 501(c)(3) status

If your organization is a US-based 501(c)(3) nonprofit, please enter your organization's nine-digit EIN.

If you are applying with a fiscal sponsor, please enter the fiscal sponsor organization's EIN.

If your organization is an international organization or tribal entity, please skip this step.

**Company:**

**Country:**

**EIN:**

**State:**

## Organization Information

All fields are required unless otherwise noted.

To download a copy of this form, click on the three dots in the upper right corner of the screen and choose **Download**.

To edit any part of this form prior to submission, click on the three dots in the upper right corner of the screen and choose **Edit**.

To start this form over, click on the three dots in the upper right corner of the screen and choose **Reset**.

For technical assistance, please contact 816.627.3452 or [grants@growyourgiving.org](mailto:grants@growyourgiving.org).

## 2022 Core Grants LOI

Please contact [grants@growyourgiving.org](mailto:grants@growyourgiving.org) or 816.627.3452 for assistance.

Para idiomas español/inglés, por favor utiliza el menú desplegable anterior

## Applicant Organization Information

Please enter the information for the agency applying.

Applicant Organization Name	
Employer Identification Number (EIN) or Tax ID	
Address	
City	
County	
State	
Postal Code	
Phone Number (including extension)	
Applicant Website	<a href="#">_____</a>

### Do you have a fiscal sponsor?

Notifications will be sent to both the organization and the fiscal sponsor. If applicable, grant payments will be made payable to the fiscal sponsor and will be mailed to the fiscal sponsor.

## Fiscal Sponsor Information

Please complete the fields below on behalf of your fiscal sponsor.

Follow these [instructions](#) to give this individual the ability to review the application and receive email notifications if appropriate.

Fiscal Sponsor Organization Name	
Employer Identification Number (EIN) or Tax ID	
Address	
City	
State	
Postal Code	
Phone Number (including extension)	
Website	

## Applicant Mailing Address

Same As Applicant Address Above	
Address	
City	
State	
Postal Code	

## **Applicant Organization Program Leader**

This individual will be addressed on final communication regarding the grant decision.

Follow these [instructions](#) to give this individual the ability to collaborate on the application, receive email notifications and complete reports if selected.

Prefix	
First Name	
Last Name	
Position Title	
Phone Number (including extension)	
Email Address	

## **Application Contact Person**

This individual will be contacted for any questions or follow-up regarding this application.

Follow these [instructions](#) to give this individual the ability to collaborate on the application, receive email notifications and complete reports if selected.

Full Name	
Position Title	
Phone Number (including extension)	
Email Address	

## **Core Grants Program Letter of Interest Form**

### **2022**

If you have any technical questions regarding the application site, please contact

grants@growyourgiving.org.

Si tienes alguna pregunta técnica sobre el sitio de la solicitud, ponte en contacto con [grants@growyourgiving.org](mailto:grants@growyourgiving.org).

**For Spanish/English language, please use the dropdown above.**

**Para idiomas español/inglés, por favor utiliza el menú desplegable anterior.**

**Organizations can submit their application in one of two ways:**

- Submit written responses to the application questions on this website.
- Upload audio or video responses to the application questions to this website.

If you prefer to submit your application by **audio** or **video**, please use the following guidelines:

- Suggested max length of the recording is seven minutes
- Please answer all application questions in your recording
- **Upload your recording using the "Upload a File" button below**
- Keep it simple! Please do not spend any money or significant time producing a recording.

If you have any questions about the application, please contact Shavaun Evans at [shavaun@foodandfarmcommunications.org](mailto:shavaun@foodandfarmcommunications.org).

If you are having challenges with the online portal, please contact the GKCCF Grants Services Team at [grants@growyourgiving.org](mailto:grants@growyourgiving.org).

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**There are no word limits on responses to the following questions unless otherwise indicated.**

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### **Mission**

What is your organization's mission?

## Project Name

Please provide a brief, descriptive name of the project.

## Thumbnail Description Of Request

Please use the following format to capture a brief thumbnail description of your request: [Organization Name], [City, State], seeks [\$Requested Amount] to support [one sentence project description]. *Word Limit: 75*

## Project Overview

Please provide a brief overview of your proposed project, including the strategic communications needs that will be supported via this request, and a basic timeline. *Word Limit: none, but we suggest a limit of 500 words.*

*As a reminder, eligible activities and expenses include, but are not limited to:*

- *communications planning and strategy-setting;*
- *communications-based professional development and training for staff and leadership;*
- *establishing or updating communications-based platforms, systems, and tools;*
- *short-term communications staffing support or outside consulting;*
- *narrative training, development, and integration;*
- *message framing and testing;*
- *applied storytelling and development of content, collateral, or media products;*
- *media pitching and training; digital media/organizing training and campaigns;*
- *and multi-cultural communications and translations.*

**Is this a 1-year or 2-year request?**

*As a reminder, the Fund is able to make a very limited number of two-year commitments for projects requiring a longer timeframe of support.*

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**Primary Communities & Priority Audiences**

Please provide details on the communities served and/or the priority audiences reached by your organization in general and by this project/proposal in particular. Please include in your response racial, ethnic, socioeconomic, geographical, and/or other pertinent descriptive details as applicable.

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**Leadership**

Please provide details on who from your organization/ partners/ community will be the primary leaders of this project. Please also include how your organization engages/prioritizes those most impacted by the issues you are seeking to address in your governance, staffing, strategy-setting, narrative development, and/or other decision-making processes.

## Organization Leadership

Do/does the person/s considered as your organization's primary leader/s (e.g. executive director, co-directors, etc.) identify as Black, Indigenous, or People of Color (BIPOC)?

What percentage of your organization's overall leadership (Board, steering committee, other leadership bodies) is BIPOC?

## Racial Justice

Please provide a short statement that demonstrates your organization's understanding/ analysis of racism and racial inequities in the food/farm system, and its commitment and actions towards racial justice.

## Partnerships

Please name any partner organizations/networks/consultants you work with or plan to work with who are critical to you accomplishing the work outlined in this proposal.

## Additional Information

Is there any additional information about your project or organization that you'd like to share that hasn't been covered elsewhere? *Word Limit: 200*



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## Project Financial Information

The funding range is \$20,000-\$30,000 over a one-year timeline, with an average grant award of \$25,000; or a maximum of \$50,000 for a two-year timeline.

Estimated Project Budget (\$)	
1 year Request Amount (\$)	
2 year Request Amount (\$) (if applicable)	

## Funding Request Narrative

Please indicate the total amount of funding you are requesting and a short description of how the funds will be used. *As a reminder, the funding range for this round is between \$20,000-\$30,000 over a one-year timeline, with an average grant award of \$25,000; or a maximum of \$50,000 for a two-year timeline.*

Example 1: We are requesting \$20,000 for our staff to engage in a digital organizing training and subsequent campaign development. Grant funds will cover training expenses, staff-time, and updates to our database software to better support digital organizing efforts.

Example 2: We are requesting \$50,000 over two years to support deep narrative work amongst our coalition members to uplift Black and Native land sovereignty narratives via earned and digital media work. Funds will support a narrative strategist, staff training, and staff time.

# Application Agreement

I certify, to the best of my knowledge, that all information included in this proposal is correct. The tax exempt status of this organization is still in effect. If a grant is awarded to this organization, then the proceeds of that grant will not be distributed or used to benefit any organization or individual supporting or engaged in unlawful activities.

In compliance with the USA Patriot Act and other counterterrorism laws, I certify that all funds received from this funder will be used in compliance with all applicable anti-terrorist financing and asset control laws, statutes, and executive orders.

## Application Feedback (Optional)

We would appreciate any feedback on how to make this LOI better. This section is optional and your answers will NOT affect your application. Responses will not be reviewed until after all funding decisions are finalized.

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**1) Approximately how long did it take you to complete the LOI? With how many people?**

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**2) Do you have any feedback on the LOI process itself, including ease/difficulty of completion, accessibility, questions required, etc.?**