**ADVENTURES FOR THE MIND FOUNDATION**

**Grant Proposal Form**

The Adventures for the Mind (AFM) Foundation was created as the charitable arm of the Belizean Grove in order to advance the status of women and girls educationally, financially, and socially around the world. In 2016, the Foundation funds projects that meet the following criteria:

* Are affiliated with Global Guests for a cause related to AFM priorities. (Limit: $3,000)
* Are proposed by a current member of the Grove and meet the criterion of the Foundation to improve the lives of disadvantaged girls and women. (Limit $5,000)

In order to be considered to receive a grant from the AFM Foundation, please fill out the attached proposal form by **July 15, 2017.**

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| **GENERAL INFORMATION** | | | | | | | |
| **Full Legal Organization Name** | | |  | | | | |
| **Date of Application** | | |  | | | | |
| **Address** | | |  | | | | |
| **City, State, Zip** | | |  | | | | |
| **Website** | | |  | | | | |
| **How is your organization affiliated with the Belizean Grove/Tara?** | | | | | | | |
|  | Host Country Organization | | |  | Global Guest |  | Grove Supported  Support from a number of members |
| **President/Executive Director of Organization** | | | | | | | |
| Name | |  | | | | | |
| Title | |  | | | | | |
| Email | |  | | | | | |
| Phone # | |  | | | | | |
| **Contact Name (if different)** | | | | | | | |
| Name | |  | | | | | |
| Title | |  | | | | | |
| Email | |  | | | | | |
| Phone # | |  | | | | | |
| 501-c-3 status | |  | | | | | |
| Tax ID # | |  | | | | | |

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| **ORGANIZATION INFORMATION** | |
| Organization’s Mission (50 words or less) |  |
| Brief Description (75 words or less) |  |
| Population Served  (25 words or less) |  |

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| --- | --- |
| **PROJECT INFORMATION** | |
| Name of Project |  |
| Project’s Mission  (50 words or less) |  |
| Description of how the project relates to the Adventures for the Mind Foundation criteria regarding the advancement of women and girls. (Limit to 3 pages). Please include a specific metric that can be used to measure the results of the funding (what is the goal/objective to be met)? | |
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| **SUCCESS MEASUREMENT** | |
| If grant is awarded, this section will be completed in conjunction with the one year report and will detail the specific results of how the grant funds directly contributed to the project’s success. | |  |
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| I hereby verify that the information provided is accurate and honest to the best of my knowledge. | |
| Authorizing Signature & Date |  |

Please do not attach any brochures or other materials, and please do not use binders or covers of any kind. Submit via email to: Leslie Dube at [leslie@belizeangrove.org](mailto:leslie@belizeangrove.org)