

About Us

Our Vision

Our vision is to empower all children to develop the self-confidence they need to succeed.

Our Mission

We're on a mission to fund youth empowerment programs that provide marginalized kids with a safe place to call home, a family that loves them, a feeling of community, and opportunities to learn, build self-esteem, and have fun.

Our Values

- We are Caring
- We are Trustworthy
- We are Innovative
- We are Fair

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What We Do

Our Five Pillars of Caring

Youth Empowerment Changes Lives!

From meeting basic needs to fostering a sense of belonging, your programs create transformative experiences for the kids who need it most. These initiatives provide everything marginalized youth need to overcome adversity and pursue their dreams. Your programs cultivate life-changing connections and youth empowerment, instilling hope and confidence for the future.

Click on the links below to dive a little deeper into our 5 Pillars of Caring with some example programs.



Basic Human Needs: Amidst challenging times, these programs stand as pillars of support, meeting kids’ fundamental needs with essentials like food, shelter, clothing, or vital documents. They also extend emotional refuge, providing solace for intense feelings, and create a haven of comfort as they transition to new environments, offering safe havens adorned with beds, blankets, toys, and more. Through these steadfast endeavors, a message of unyielding care shines, illuminating their path during the most trying moments.



Love & Belonging: Like a warm hug, these programs support vulnerable children who have been removed from their homes, cradling them with unyielding affection. Caregivers receive guidance to craft nurturing environments and preserve sibling bonds. Special advocates offer unwavering support, while the gentle presence of animal companions lends a hand in healing. Care packages and moments of respite stand as poignant symbols, affirming that every step of their journey is embraced with deep compassion and belonging.



Community Support: With care and kindness, these programs are beacons of light for youth facing challenges. They offer things like comfort, transportation, or legal guidance through tough experiences like trauma, abuse, or substance use. This lifeline doesn’t stop when they come of age—it’s a constant source of support, guidance, and help. As they enter adulthood, they find support for living independently, obtaining an education, and embarking on careers within a steadfast, supportive community.



Education Program: Nurturing a spirit of endless possibilities, these programs are guiding lights for kids to conquer anything, building success in education and equipping them with life skills like budgeting, cooking, and cleaning. Offering a bridge to knowledge and access to technology, they weave tutoring and career readiness into the journey. From leadership lessons to school supplies, these youth empowerment initiatives pave the way, cultivating a profound sense of brilliance and lighting a flame of hope for the future.



Enrichment Program: Every child deserves to conquer challenges and rise regardless of their journey. In these youth empowerment programs, young heroes who've triumphed over adversity connect, share stories, make friends, and embark on adventures that light up their lives. Through diverse, enriching activities like music, theater, sports, and art, they explore passions that fuel their spirits. With mentors as guiding constellations, they chart a course toward a brighter, promising future of self-discovery and boundless growth.

Which pillars of caring are you applying for grant funding for?

(Select all that apply)*

Basic Human Needs

Love & Belonging

Community Support

Education Program

Enrichment Program

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Equity & Inclusion

Our Policy

Our core mission is centered around cultivating a space that radiates warmth, inclusivity, and friendship, where every individual can confidently explore their potential. We are resolute in our commitment to upholding equal opportunities for all, irrespective of backgrounds or circumstances. Our unwavering dedication extends to the creation of a nurturing community that celebrates individuality, nurturing an environment for not just survival, but for meaningful growth and realization of personal potential.

[Review Our DEI Policy](#)

Does your organization align with our Diversity and Inclusion Policy?*

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Your Organization

Please confirm the details we have on file for your organization.

Organization Name*

Street Address*

City*

State*

ZIP/Postal Code*

Website*

Please check this box if your organization has received funding from Believe in Me in the past.

What is your organization's vision?*

What is your organization's mission?*

Please upload a promotional video for your organization, if you have one

Please upload your organization's logo for use in promotional materials, should your grant request be awarded.*

of Part-time Staff*

of Full-time Staff*

Volunteers*

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Primary Contact

Please confirm your contact information so we can keep in touch with your team.

First Name*

Last Name*

Title*

Email*

Work Phone*

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Key Staff

Please provide a list of your key staff members. This information is for internal use only and will not be shared outside of Believe in Me.

Executive Director

Please do not list the same individual or the same email more than once.

Is this position currently vacant? (If vacant, please leave the fields blank below.)

First Name

Last Name*

Title

Business Phone

Work Email

Race

Gender Identity

Finance Manager

Please do not list the same individual or the same email more than once.

Is this position currently vacant? (If vacant, please leave the fields blank below.)

First Name

Last Name*

Title

Business Phone

Work Email

Race

Gender Identity

Grant Funding Representative

Please do not list the same individual or the same email more than once.

Is this position currently vacant? (If vacant, please leave the fields blank below.)

First Name

Last Name*

Title

Work Email

Race

Gender Identity

Program Director

Please do not list the same individual or the same email more than once.

Is this position currently vacant? (If vacant, please leave the fields blank below.)

First Name

Last Name*

Title

Business Phone

Work Email

Race

Gender Identity

Outreach/Marketing Personnel

Please do not list the same individual or the same email more than once.

Is this position currently vacant? (If vacant, please leave the fields blank below.)

First Name

Last Name*

Title

Business Phone

Work Email

Race

Gender Identity

Board Members

Please provide a list of your current board members. This information is for internal use only and will not be shared outside of Believe in Me.

Board President/Chairman

Please do not list the same individual or the same email more than once.

Is this position currently vacant? (If vacant, please leave the fields blank below.)

Please check if this individual serves more than one role on your Board of Directors.

More than one role explanation:

First Name

Last Name*

Business Phone

Work Email

Professional Affiliations:

Examples: Employer, Associations, Memberships, Volunteer Work

Race

Gender Identity

Vice President/Chairman

Please do not list the same individual or the same email more than once.

Is this position currently vacant? (If vacant, please leave the fields blank below.)

Please check if this individual serves more than one role on your Board of Directors.

More than one role explanation:

First Name

Last Name*

Business Phone

Work Email

Professional Affiliations:

Examples: Employer, Associations, Memberships, Volunteer Work

Race

Gender Identity

Board Secretary

Please do not list the same individual or the same email more than once.

Is this position currently vacant? (If vacant, please leave the fields blank below.)

Please check if this individual serves more than one role on your Board of Directors.

More than one role explanation:

First Name

Last Name*

Business Phone

Work Email

Professional Affiliations:

Examples: Employer, Associations, Memberships, Volunteer Work

Race

Gender Identity

Board Treasurer

Please do not list the same individual or the same email more than once.

Is this position currently vacant? (If vacant, please leave the fields blank below.)

Please check if this individual serves more than one role on your Board of Directors.

More than one role explanation:

First Name

Last Name*

Business Phone

Work Email

Professional Affiliations:

Examples: Employer, Associations, Memberships, Volunteer Work

Race

Gender Identity

Board Member

Please do not list the same individual or the same email more than once.

Is this position currently vacant? (If vacant, please leave the fields blank below.)

Please check if this individual serves more than one role on your Board of Directors.

More than one role explanation:

First Name

Last Name*

Business Phone

Work Email

Professional Affiliations:

Examples: Employer, Associations, Memberships, Volunteer Work

Race

Gender Identity

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Nonprofit Status

Please provide information documenting that you are a qualified tax-exempt charitable organization pursuant to Section 501(c)(3) of the Internal Revenue Code.

Year Incorporated*

Federal EIN or Tax ID*

Please upload a PDF copy of your IRS Letter of Determination to document your nonprofit status.

Is your current organization's name the same as it appears on your IRS Letter of Determination? If not, please explain.

Please provide a signed W-9 for your organization.

Instructions

- Download a copy of the IRS Form W-9
- Fill in the requested information
- Save your file as a PDF and upload in the field below

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Service Area

Please provide us with details about the people your nonprofit serves.

Geographic Area Served*

Briefly describe where the majority of your clients reside. (Max 255 characters)*

Briefly describe the marginalized youth population your organization serves. (Max 255 characters)*

How many **potential** clients are there in your service area per year?

How many **actual** clients do you serve per year?

What percentage of your clients are children and young adults under the age of 24.

What are the criteria clients must meet in order to be eligible for services?

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Ethnicity & Race

Please provide the percentage of your actual clients served that fall into each of the following categories:

Marginalization takes on many forms in our community. To gain a better sense of how our funds are helping marginalized youth, please provide the percentage of your actual clients served that fall into each of the following populations:

- % American Indian and Alaska Native alone non-Hispanic*
- % Asian alone non-Hispanic*
- % Black or African American non-Hispanic*
- % Hispanic or Latino*
- % Native Hawaiian and Other Pacific Islanders alone non-Hispanic*
- % Multiracial non-Hispanic*
- % Some Other Race alone non-Hispanic*
- % White alone non-Hispanic*

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Economic Factors

Please provide the percentage of your actual clients served that fall into each of the following categories:

- % Living in a Household Below Poverty Line*
- % Experiencing Food Insecurity*
- % Chronically Without Housing*
- % Transitioning Between Living Without Housing and Permanent Housing*
- % Experiencing Episodes of Time Without Housing*

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Family Dynamics

Please provide the percentage of your actual clients served that fall into each of the following categories:

- % Aged Out of the Foster Care System*
- % Living in Foster Care or is a Ward of the State*
- % Children of Incarcerated Parents*

- % Parents Are Unemployed*
- % Parents Did Not Graduate High School*
- % Parents Did Not Attend College*
- % Single-Parent Household*

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Health & Ability

Please provide the percentage of your actual clients served that fall into each of the following categories:

- % Living With A Physical Disability*
- % Living With a Mental Health Issue*
- % Living with Learning Disability*
- % Living with Chronic Illness*
- % Living With a Substance Abuse Disorder*

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Orientation

Please provide the percentage of your actual clients served that fall into each of the following categories:

- % LGBTQ+ Identification*
- % Gender Non-conforming or Non-binary*
- % Intersex*

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Culture & Faith

Please provide the percentage of your actual clients served that fall in the following category:

% Belonging to Minority Religious Groups

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Learning & Cognitive

Please provide the percentage of your actual clients served that fall into each of the following categories:

% Limited/No Access to Quality Education*

% Students Who Exit School Prematurely*

% Learning Difficulties Without Disability*

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Trauma

Please provide the percentage of your actual clients served that fall into each of the following categories:

% Survivors of Domestic Violence, Abuse, or Trauma*

% Survivors of Human Trafficking*

% Experience in Juvenile Justice System*

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Social & Geographical

Please provide the percentage of your actual clients served that fall into each category:

% Lives in High Crime Rate Area*

% Rural Area Limited Access to Resources*

% Isolation - Lacks Access to Technology*

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Language

Please provide the percentage of your actual clients served that fall into each of the following categories:

% Non-native English Speakers*

% Lack of Fluency in English*

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Other Factors

Please provide the percentage of your actual clients served that fall into each of the following categories:

% Pregnant Teens or Young Parents*

% Out-of-Place Youth*

% Youth Without Citizenship/Documentation*

% Youth Experiencing Child Labor*

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Income & Expenses

Please complete the following information for each funding area you are making a grant request for.

Funding Area*

Program Name*

of marginalized youth supported by this specific grant request*

Please provide a brief description of your program for this funding area. (Max 1,000 characters)*

What community problem will this grant request solve? What do you seek to accomplish? (Max 255 characters)*

Please provide a hyperlink to any videos explaining the program you are requesting funds for.

Funding Request Budget

Program Revenues

PLEASE NOTE: Your grant request must align with at least of one of our [Five Pillars of Caring](#) and is limited to \$15,000 per pillar.

Amount Requested from Believe in Me*

\$ Amount Requested from Other Sources*

\$ Amount Committed from Other Sources*

\$ Amount from Other Sources Detail

Example:

Federal Funding-\$15,000

United Way-\$5,000

Community Donations-\$10,000*

In-Kind Donations

\$ Fair Market Value of In-Kind Donations*

In-Kind Donations Details (Max 255 Characters)*

Budgeted Program Expenses

Program Services Expenses

- \$ Program Staff Salary*
- \$ Program Materials or Supplies*
- \$ Program Equipment*
- \$ Client Services*
- \$ Program Development*
- \$ Program Outreach*
- \$ Evaluation and Impact Assessment*
- \$ Program Services - Other*

Of the budgeted Program Services Expenses listed above, please itemize the expenses you're requesting funding for.

Example:

Program Equipment:

Soccer Balls - \$600

Uniforms - \$1,000

Program Outreach:

Promotional Flyers - \$300*

Management and General Expenses

*May not exceed 15% of total program budget

Staff Salaries and Benefits*

\$ Office Rent and Utilities*

\$ Office Supplies*

\$ Professional Services*

\$ Insurance*

\$ Communication and Technology*

\$ Training and Development*

\$ Management and General - Other*

Of the budgeted Management and General Expenses listed above, please itemize the expenses you're requesting funding for.

Example:

Training and Development:

ACES Training for #10 staff - \$10,000

Liability Insurance - \$1,000

Fundraising Expenses

\$ Marketing and Advertising*

\$ Fundraising Events*

\$ Fundraising Supplies*

\$ Donor Management*

\$ Fundraising Staff*

\$ Fundraising - Other*

Please provide the name of any outside vendors or 3rd party contractors you will be using these funds for.*

Of the budgeted Fundraising Expenses listed above, please itemize the expenses you're requesting funding for.

Example:

Marketing and Advertising:

Facebook Ads Promoting Program - \$1,500

Fundraising Events:

Event Sponsorship - \$5,000

Program Goals & Timeline

At the conclusion of this form, you will be required to [schedule a Due Diligence Workshop meeting](#) with our Grants Administration Team. This is required for your grant application to proceed in the selection process. During this workshop, our team will review elements of your program, refine your SMART goals, and establish benchmarks to measure the impact of your program

What is a Key Performance Indicator?

A Key Performance Indicator (KPI) is a measurement or metric that tells you how well you're doing in achieving a specific goal or objective. It helps you understand if you're on the right track and guides you in making improvements.

Example SMART goal: Throughout the course of the previous quarter, our program was able to serve x# of marginalized youth by providing them with xxxx. This is an increase in the number of youth served by 15% in comparison to last year, which exceeds our original goal by 5%.

Please use the following to define your SMART goal:

Specific: define the who, what, when and where of your goal with smart objectives.

Measurable: you can track your progress in a quantitative way using measurable goals.

Achievable: attainable using your existing skills and resources.

Relevant: to your organization's mission

Timely: to give you a time constraint to work towards

What is the SMART goal for this program this year? (Max 1,000 characters)*

How will you measure the progress of this grant request to know if you've successfully met your goal? What key performance indicators will you use to measure success? (Max 255 characters)*

Baseline KPI*

Goal KPI*

Define the resources needed to achieve this goal and how your grant request will help you reach your objectives. (Max 255 characters)*

Explain how this grant request fits within our Five Pillars of Caring. (Max 255 characters)*

Please provide the time frame in which the grant request funds will be used.

Program Start Date*

Program End Date*

Innovation & Collaboration

What innovative solutions (if any) is your program implementing with this request. (Max 255 characters)

If the program for which you are seeking funds is in collaboration with another agency, please explain how their involvement will help your program to succeed. (Max 255 characters)

Click +add item if you would like to add another funding area grant request.

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[+ add item](#)

Financial Records

Please provide us with the requested financial records.

Please upload a PDF copy of your most recent audited financial statements and notes to the financial statements -or- your last two years' profit and loss statement.*

Please upload a PDF copy of the management letter associated with your most recent audit.*

Please upload a PDF copy of your organization's operating budget.*

Please upload a PDF copy of your most recent IRS Form 990.*

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Program Video

Unpublicized Opportunity to Work With Emmy Award-Winning Team

Believe in Me is thrilled to present an extraordinary opportunity that brings together our dedication to impactful storytelling and innovation. This year, in partnership with Stage 2 Studios, we are offering a remarkable chance to produce a Believe in Me Grantee Profile Video for selected programs. Notably, both Believe in Me and Stage 2 Studios were [honored with an Emmy Award](#) for our impactful Brand Awareness video.

[CLICK HERE TO WATCH THE VIDEO](#)

This exclusive grant, valued at over \$15,000, is designed to spotlight your program's alignment with Believe in Me's mission and its transformative influence. To ensure we identify programs that deeply resonate with our Pillars of Caring, we will choose one program per pillar. Join us in celebrating your achievements, sharing your journey, and making a lasting impact through visual storytelling. Kindly complete the following questions to be considered for this exceptional opportunity.

Unique Program Features

In approximately 100 words, elaborate on the distinctive aspects that set your program apart within your community.

Community Impact

Share relevant statistics or data that exemplify the positive impact your program has on your community.

Previous Collaborations

Highlight any prior collaborations with Believe in Me or other organizations, if applicable.

Video Vision

Paint a picture of your vision for the Believe in Me Grantee Profile Video. How will it illustrate your relationship with Believe in Me and the significance of your program?

Availability for Filming

Can you accommodate 3-4 hours of on-location filming at your organization's premises? Share your availability and preferred dates.

Volunteer Actors

Do you have 10-15 potential individuals who can represent your program in the video? We will require the names, contact information, and media releases should your program be selected for this grant. We recommend finding volunteer actors instead of actual clients.

Video Consent and Media Release

Can you secure consent from individuals appearing in the video to be filmed and potentially interviewed?

Still Images and Videos

Can you contribute around 50 still images showcasing your program, staff, and activities? Additionally, can you provide up to 30 minutes of raw or edited video content?

High Quality Media

Can you provide media content in the highest resolution possible, without captions or text on screen? We prefer HD minimum (4k Preferred), with a horizontal orientation (16x9).

Media Delivery

How do you intend to deliver the media content (images, videos) for video production (FTP, Google Drive, WeTransfer, Hard Drive)? Specify your preferred method.

Additional Information

Feel free to share any supplementary details to bolster your application for the Believe in Me Grantee Profile Video grant.

Last Step

Your grant application and subsequent award will be subject to the following Terms & Conditions:

- All grant applicants must participate in a [Due Diligence Workshop](#) to be eligible for consideration.
- Use the grant funds only as specified in the approved grant proposal. Salaries and payroll expenses are not an approved use of grant funding.
- Maintain your records to show and account for the uses of grant funds. You will be required to provide receipts for expenses associated with this grant award.
- Allow the Foundation to review records to verify grant expenditures and activities.
- Provide written acknowledgment of receipt of payments of grant funds.
- Repay any portion of the funds not used for the specified purposes.
- Refrain from the use of the funds for any purpose prohibited by law.
- Cooperate with any efforts of the Foundation to publicize the grant award.
- All grant applications are subject to the Believe in Me Grants Program Policies, which are subject to change.

I agree to terms and services

Full Name*

Date*

PLEASE NOTE: Your application will not be submitted until you click on the button below to schedule your Due Diligence Workshop session.