Consumer Privacy Rights Fund 2021

Rose Foundation

Project Name*

Name of Project

Character Limit: 100

Amount Requested*

Amount Requested

Character Limit: 20

Grant Period Requested*

Please indicate the duration of the grant you are seeking. (i.e. 12 months, 18 months, 24 months, etc.)

Character Limit: 100

Start and End*

When does your project start and when does it end?
Funding decisions will be announced in July 2021. Please begin your grant period no sooner than July 1, 2021.

Character Limit: 250

Project Type*

What type of project are you proposing? (Check as many as apply.)

Choices

Advocacy
Technology/Product/Service
Education
Other (explain below)

Project Type: Other

If you checked "Other" above, state your project type here.

Character Limit: 200

Geography*

Where will your work with this grant be performed?

Choices

California - statewide
California - specific region or locality
Multi-State or Nation-Wide with clear benefit to Californians

Geography: Specific Region or Locality

If you checked "California - specific region or locality" above, write the specific area of California here.

Character Limit: 200

Summary Description of Applicant

Provide a short summary of applicant's organizational mission, current activities, most important accomplishment(s), and experience in the field of consumer privacy rights.

How is your organization/group well positioned to advance this work? This might include staff expertise, skill sets, experience, or how you have taken on similar work in the past.

Character Limit: 3000

Year Organization Started*

Please tell us what year your organization started.

Character Limit: 10

Short Project Summary*

Please provide a short summary of the project for which you are requesting funding.

Character Limit: 1000

Instructions and Hints for Applicants

- To return to your application while in draft or after submitting it, please go to http://www.rosefdn.org/onlineapplication

- **To download a PDF packet of the questions**, click on the "Question List" button at the top of this page. **To download a PDF packet of your completed application**, click on the "Application Packet" button at the top of this page.

- You do NOT need to use all the characters allowed in each question.

- Spaces DO count as characters for the character count maximums.

- Do NOT try to format your answers in the response boxes by using the Tab key. The formatting will not be saved as it appears!

- To make a response box larger, click and drag the lower right corner. Please note this will not increase the character limit of the box.

- We highly recommend writing up and saving your responses in a Word document before inputting them into the fields below.

- **This online system works best with Firefox**. If you are having any technical problems, try using Firefox. You can download it for free here.

Don't feel like you need to use all the character limits for each question. Be concise where possible.

Remember to save as you work. You will automatically be timed-out of the system after 90 minutes for security reasons. If any of your responses exceed the character limits or if any of your attachments are too big, your LOI or application will not be saved! Scroll down to the bottom of the page to find the "Save Application" button.
If you have any problems, please email grants@rosefdn.org.

Consumer Privacy Fund Application Information

The **Consumer Privacy Rights Fund** supports privacy protection and privacy education efforts. Visit our website for more information about the fund, and reference the RFP for complete information about this grant opportunity. **Applications are due Wednesday, April 28, 2021 at 5:00 PM Pacific Time**. Funding

decisions will be announced in July 2021.

Proposals must relate primarily to supporting and enhancing consumer privacy rights in the state of California, with suggested emphasis in:

- o   Recording or monitoring conversations without consent, including wiretapping or illegal recording.
- o   Collection or use of people's personal data without their consent.
- o   Surveillance and other intrusive behaviors, and surveillance technologies.
- o   Transparency in the decision-making and use of personal data in artificial intelligence (AI).
- o   General support for organizations dedicated to advancing consumer privacy rights in California.

See the RFP for full information on this grant opportunity.

Project Description

Workplan and Strategy*

What would you do with this grant? Please provide an outline of:

- Your strategy
- The specific activities you will undertake with the grant funds
- The timeline for doing the work.
- The primary deliverables that will be produced by the project.

Please be as clear and specific as possible.

You may upload a chart instead of writing in the text box if you prefer.
Character Limit: 5000 | File Size Limit: 2 MB

Goals*

Please address:

- What are the desired outcomes for your project? Please be as specific as possible *("We want to change this particular policy and educate 20 legislators" is more useful for us to know than a less specific goal such as "We want to radically reimagine the privacy landscape in California").*
- Why is your goal important?
- How does this project advance consumer privacy rights in the state of California?

Character Limit: 3000

Evaluation*

How will you measure progress towards these outcomes in a quantifiable way? How will you assess the effectiveness of the project at the end of the grant period?

Please be as specific as possible about quantifiable progress indicators.

- *For example, for policy or advocacy projects, how will you measure progress towards the policy or regulatory change you are seeking? Why do you think these progress measurements are reliable indicators?*

Character Limit: 3000

Longer-Term Efficacy*

How does the project fit into your organization's longer-term strategy? For example, for educational projects, how will you know that you have influenced hearts, minds, and behavior in a way that will extend past the endpoint of the project? For advocacy projects, how will the project advance your longer-term policy goals?

Character Limit: 3000

Project Allies*

Identify significant community, business, or governmental partners and explain their involvement.

If privacy is not a **primary** focus of your organization, use this space to explain how your organization has the capacity to engage in privacy work. Will a privacy based-organization or expert be associated as a primary project partner? If so, use the Letters of Support question at the end of this form to attach a letter from the partner describing their specific role in the project.

Character Limit: 3000

Primary Constituencies*

What are the primary constituencies served by this project? Check as many boxes as necessary to reflect the primary constituencies that the project will serve.

Choices

General population, no specific target constituency
Youth
Students
Seniors
Veterans
Immigrants
People with low-to-moderate incomes
Communities of color
People in rural areas
Other

Constituency*

Please describe the constituents who will benefit from the work of this project. How do these constituents benefit from the project? Specifically describe any constituencies you checked in the boxes above. Then, describe how your organization is well-positioned to serve these constituents.

Character Limit: 2000

How many people will be served/reached by this project?*

Considering the constituencies you have identified the project as serving, what is your best estimate of the number of people who would be served by the project.

Character Limit: 15

Languages*

What languages will project materials be provided in? Check as many as apply.

Choices

English
Spanish
Other (list languages in box below)

Languages: Other

If you checked "other" above, state the language(s) that the project materials will be provided in here.

Character Limit: 150

Staff and Board Lists

Board of Directors*

Please provide a Board of Directors, advisory board, or steering committee roster showing the primary affiliations of each board member (affiliations listed for identification purposes only). The Board list should be for the applicant organization - not the fiscal sponsor. You may cut and paste the list into the box below, or attach a file.

Character Limit: 4000 | File Size Limit: 2 MB

Staff and Volunteer List*

Please provide a list of key staff and/or volunteers who will work on this project with a very brief bio or description of responsibilities. Staff list should be for the applicant organization - not the fiscal sponsor. You may cut and paste the list into the box below, or attach a file.

Character Limit: 4000 | File Size Limit: 2 MB

Financial Information

Overall Project Budget*

Please provide a line-item project budget that specifically describes all project costs. If the budget includes income from other sources, specifically (a) identify the primary contributors, the amount of their support and whether it is committed, pending, or projected, and (b) identify the specific line items this grant would support.

Character Limit: 5000 | File Size Limit: 2 MB

Organizational Budget for the Current Year*

Please provide an organizational budget for the current fiscal year. If you are fiscally sponsored, please provide an organizational budget for the applicant and not the fiscal sponsor. Please make sure to tell us what time period the budget covers.

Character Limit: 5000 | File Size Limit: 2 MB

Income/Expense Statement*

Please provide your organization's income and expense statement for the previous completed fiscal year. If you are fiscally sponsored, please provide an income/expense statement for the applicant and not the fiscal sponsor. Please tell us what time period your financial statements cover. If you are attaching your audit that includes the balance sheet, you may skip the next question.

Character Limit: 5000 | File Size Limit: 4 MB

Balance Sheet

Please provide your organization's balance sheet that shows assets and liabilities for the most recently completed fiscal year. If you are fiscally sponsored, please provide a balance sheet for the applicant and not the fiscal sponsor. Please tell us the date of the balance sheet. If you included the balance sheet with the Income/Expense Statement, you may skip this question.

Character Limit: 5000 | File Size Limit: 2 MB

List of Organization's Contributors*
Please list the top five contributors (foundations, government funding, or individual donors) and the amount they gave to your organization for the last 2 years.

Feel free to keep responses to this question brief. Suggested formatting is:
Contributor ($Contribution)
Character Limit: 2000

Tax Status*
Which best describes your organization?
Choices
Incorporated as a 501(c)(3) nonprofit
Fiscally sponsored by 501(c)(3) nonprofit
Nonprofit College or University

Fiscal Sponsor
If your organization has a fiscal sponsor, please provide the following information.

Fiscal Sponsor Organization Name
If your organization is fiscally sponsored by another 501(c)(3) organization, what is the name of your fiscal sponsor?
Character Limit: 200

What is the EIN of your Fiscal Sponsor?
Character Limit: 10

First Name of Fiscal Sponsor Contact*
Character Limit: 100

Last Name of Fiscal Sponsor Contact*
Character Limit: 100

Business Title of Fiscal Sponsor Contact*
Character Limit: 250

Email for Fiscal Sponsor Contact*
Please provide the email address of your fiscal sponsor's contact person.
Character Limit: 100

Phone Number for Fiscal Sponsor Contact*
Please provide the phone number of your fiscal sponsor's contact person.
Character Limit: 100

Street Address for Fiscal Sponsor*
The best mailing address for your Fiscal Sponsor.

Character Limit: 100

City for Fiscal Sponsor*
Character Limit: 100

State for Fiscal Sponsor*
Character Limit: 2

Zip Code for Fiscal Sponsor*
Character Limit: 100

Nonprofit Colleges and Universities

Please note that nonprofit college and university applicants may not charge general overhead exceeding 5% of the grant amount.

References

Please list contact information for two people or groups familiar with your organization that we may contact.

Reference #1*
Please include your reference's name, phone number, email address, and their relationship to your organization.

Character Limit: 300

Reference #2*
Please include your reference's name, phone number, email address, and their relationship to your organization.

Character Limit: 300

Optional Attachments

Press Clippings, Newsletters or Other Publications (Optional)
You may attach reports, press clippings, newsletters, or other publications. If attaching more than one item, please combine into one PDF and limit to 4 pages or less.

File Size Limit: 5 MB

Letters of support are optional. You may provide a maximum of 2 letters, maximum of 2 pages each. Letters of support should be from project partners (especially community-based partners) and people who are familiar with your organization and the specific program that is the focus of this application.

Letters of Support (Optional) #1
File Size Limit: 2 MB

Letter of Support (Optional) #2
File Size Limit: 2 MB

URLs (Optional)
If you have a document that you want to make sure the grants review team sees, it is best to attach it. But if you have a video, large document, or electronic-only media, you may paste URLs here.

Character Limit: 500

Feedback

Time to Complete Application
How long did it take to complete the Application?

Choices
0-5 Hours
6-10 Hours
11-20 Hours
21-40 Hours
More than 40 hours

How Can We Improve?
How can we make this application simpler and easier to understand?

Character Limit: 1000