

Consumer Products Fund Fall 2024

Rose Foundation

Consumer Products Fund Application Information

The **Consumer Products Fund** supports projects that promote truth-telling and consumer understanding regarding product ingredients and performance to protect people's rights, health, and safety.

In 2024 the Rose Foundation seeks proposals that advance consumer education or consumer rights in **the State of California**. Projects with a focus related to consumer products or consumer technology are especially encouraged.

Visit our website for more information about the fund, and *reference the RFP* for complete information about this grant opportunity. **Applications are due Friday, October 18th, 2024 at 6:00 PM Pacific Time.** Funding decisions will be announced in January 2025.

Only **one application per organization** will be considered.

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 application 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.

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 tbell@rosefdn.org.

Project Summary

Project Name*

Name of Project

Character Limit: 100

Amount Requested*

Amount Requested from the Rose Foundation (Up to \$150,000)

Character Limit: 20

Project Start Date*

When does your project start? Funding decisions will be announced in January of 2025. Your grant period should begin no earlier than February 1, 2025.

Character Limit: 10

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

Project Activities*

Select up to three project activities that this grant will fund:

Choices

Advocacy and policy

Community organizing and outreach

Data collection, monitoring, or research

Education

Infrastructure and equipment purchases

Internal capacity building

Litigation

Restoration and stewardship

Other

Other Project Activities

If this project involves another type of activity not listed above, please specify it here:

Character Limit: 250

Summary Description of Applicant*

Provide a short summary of your organization's mission, current activities, most important accomplishment(s), and experience in the field of consumer product rights and education.

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: 2500

Year Organization Started*

Please tell us what year your organization started.

Character Limit: 10

Short Project Summary*

Please provide a single paragraph that summarizes the project for which you are requesting funding. (No bulleted lists please).

Character Limit: 500

California County (or Counties) Served

California County (or Counties) Served*

Please select the county or counties where you plan to do work with this funding. Note: The NUMBER of counties selected will have no bearing on the selection process, so only select the counties where your project will take place.

Choices

- Statewide
- Alameda County
- Alpine County
- Amador County
- Butte County
- Calaveras County
- Colusa County
- Contra Costa County
- Del Norte County
- El Dorado County
- Fresno County
- Glenn County
- Humboldt County
- Imperial County
- Inyo County
- Kern County
- Kings County
- Lake County
- Lassen County
- Los Angeles County
- Madera County
- Marin County
- Mariposa County
- Mendocino County
- Merced County
- Modoc County
- Mono County
- Monterey County
- Napa County
- Nevada County
- Orange County
- Placer County
- Plumas County
- Riverside County
- Sacramento County
- San Benito County
- San Bernardino County

San Diego County
San Francisco County
San Joaquin County
San Luis Obispo County
San Mateo County
Santa Barbara County
Santa Clara County
Santa Cruz County
Shasta County
Sierra County
Siskiyou County
Solano County
Sonoma County
Stanislaus County
Sutter County
Tehama County
Trinity County
Tulare County
Tuolumne County
Ventura County
Yolo County
Yuba County

Project Description

Workplan*

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

- 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 add supporting materials, e.g. charts, timelines, etc. (in pdf form), however, we prefer that the narrative portion of your workplan is written in the text box below.

Character Limit: 5000 | File Size Limit: 2 MB

Evaluation*

What are the desired outcomes of this project and how will you measure progress towards these outcomes and progress indicators? Share quantifiable measures with us as well as qualitative outcomes. How will you assess the effectiveness of the project at the end of the grant period?

Please be as specific as possible about both projected grant outcomes and quantifiable progress indicators. For example:

- For education projects, what knowledge do you want people to gain from the project? How many people will be taught in what sort of setting? How will you know they are learning the material? How would you know if their behaviors changed?
- For policy or advocacy projects, what is the policy or regulatory change you are seeking? How will you measure progress towards this objective? Why do you think these progress measurements are reliable indicators?

Character Limit: 4000

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? In addition, please state your overall goals and why they are important.
- Overall, how will this project lead to improved outcomes for CA consumers in the long run?

Character Limit: 3500

Project Allies*

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

If consumer rights or consumer education are not the primary focus of your organization, use this space to explain how your organization has the capacity to engage in this work. Will a consumer rights or education based organization or expert be associated as a primary project partner?

NOTE: Please 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: 1500

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

Financial Information

Overall Project Budget

Please tell us what the overall project budget amount is including all requested Rose funds, other committed and uncommitted funds, and including unfunded amounts.

Character Limit: 20

Detailed 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. Reasonable overhead is allowed, but please describe what the components of your overhead are.

You may use our project budget template found here: <https://rosefdn.org/wp-content/uploads/Rose-Foundation-Budget-Template.xlsx>

Nonprofit college and university applicants may not charge general overhead exceeding 5% of the grant amount.

Character Limit: 5000 | File Size Limit: 2 MB

What is the overall Organizational Budget for the current fiscal year?*

If unavailable, please use prior fiscal year.

Character Limit: 20

Organizational Budget*

Please provide an organizational budget for the current fiscal year. If unavailable, please use prior fiscal year details. If you are fiscally sponsored, please provide an organizational budget for the applicant and not the fiscal sponsor. Likewise, if you are applying as a department, lab, project, or other subsidiary of a college or university, submit the organizational budget for your sub-organization, not for the university as a whole. Please make sure to tell us what time period the budget covers.

If you require an example budget, one can be found here: <https://rosefdn.org/wp-content/uploads/Rose-Foundation-Budget-Template.xlsx>

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 Name: \$ Contribution Amount

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

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

Full-time Paid Staff*

How many full-time paid staff members does your organization have?

Character Limit: 7

Demographic Details

Community Served Demographics*

Do BIPOC individuals make up more than 50% of the community served by this project? This may include the individuals engaged, the population impacted, or both.

Choices

Yes

No

Unknown

Community Served Demographics Detail*

If yes, do any of the following racial/ethnic groups make up the majority of the community served? (Select one)

Choices

Native American, Alaska Native, or Indigenous

Asian

Black/African descent

Latino/a/x/e or Hispanic

Middle Eastern or North African

Native Hawaiian/Pacific Islander

Multiple groups listed above

Communities Served*

Which, if any, are the primary communities your project is designed to engage or impact? If this project is focused on the general population, please do not check any boxes.

The Rose Foundation considers “economically disadvantaged” communities to include the following:

- Disadvantaged Communities (DACs) – household income 80% or less of area median family income.
- Low-income communities – 20% of households at or below the Federal Poverty Level).
- Title 1 schools – 40% or more of students qualify for free or reduced lunch.
- Environmentally Disadvantaged Communities (EnvDACs) – highest 25% of CalEnviroScreen scores.
- Census tracts highlighted in the Climate and Economic Justice Screening Tool.

Choices

Differently abled

Economically disadvantaged (see description above)

LGBTQ+

Immigrants / refugees

Incarcerated / formally incarcerated

Non-English speakers / English limited speakers

Older adults

Rural communities

Unhoused individuals

Veterans

Women and girls

Youth

Other Communities Served

Is there another community served by this project that is not captured in the questions above?

Character Limit: 250

Community Benefits & Outcomes*

Please use this space to provide any additional details on the communities served you checked in the boxes above who will benefit from this project. First, explain how these constituents benefit from the project. Next, describe how your organization is well-positioned to serve these constituents. Letters of support (see bottom of application) from constituency partners are encouraged.

Character Limit: 1500

Board/Leadership Demographics*

Do 50% or more of your organization’s Board members or non-board decision makers identify as BIPOC?

Choices

Yes

No

Executive Director Demographics*

Does your organization’s Executive Director identify as BIPOC? The Rose Foundation's definition of "BIPOC" can be found in the "Community Served" section.

Choices

Yes

No

Co-EDs, at least one of whom identifies as BIPOC and at least one of whom does not

N/a - my organization does not have an ED

Organization Details

How does your organization's leadership, staff, membership, and/or volunteer base reflect the communities your organization seeks to serve? Is there anything else you want to tell us about your organization's leadership or personnel?

Character Limit: 2500

Individuals Engaged*

Approximately how many people will be **actively engaged** by this project or, for general support grants, by your organization's work? This should be a smaller number and may include **staff, volunteers, program participants, clients served, etc.** This number should not include the larger population who will be impacted by the project's success if they do not interact directly with your organization.

Character Limit: 6

Individuals Engaged Detail

In brief, tell us who you counted in the number above (e.g. staff and volunteers executing a restoration project; community members who make public comments at an agency meeting; educational staff and students participating in a workshop, etc.)

Character Limit: 250

Population Impacted*

Approximately how many people will be **impacted or reached more broadly** by this project? This should be a larger number and may include **the population of the community where your project takes place, number of constituents likely impacted by a change to governmental policy, total social media followers/email list subscribers, etc.**

Character Limit: 10

Population Impacted Detail

In brief, tell us who you counted in the number above.

Character Limit: 250

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

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

Letters of support are optional but strongly encouraged to demonstrate relationships with community based partners or constituent groups familiar with the specific program that is the focus of this application. You may provide a maximum of 2 letters, maximum of 2 pages each.

Letter of Support #1

File Size Limit: 10 MB

Letter of Support (Optional) #2

File Size Limit: 10 MB

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: 10 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

Over 40 Hours

How Can We Improve?

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

Character Limit: 1000