

# Consumer Products Fund Spring 2023

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## Rose Foundation

### **Project Name\***

Name of Project

Character Limit: 100

### **Proposal Date\***

Character Limit: 10

### **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 April 2023. Please begin your grant period no sooner than May 1, 2023.

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

### **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 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: 3000

### **Grant History [Internal]**

Enter the groups grant history prior to the online system.

Character Limit: 1000

### Year Organization Started\*

Please tell us what year your organization started.

Character Limit: 10

### Grant Reports [Internal]

*None* OR *Received on XX/XX* OR *Due on XX/XX*

Character Limit: 250

### Short Project Summary\*

Please provide a single paragraph that summarizes the project for which you are requesting funding. (Please no bullet points or paragraph returns).

Character Limit: 750

### State(s) Served\*

Please select the state or states where you plan to do work with this funding.

#### Choices

- Nationwide
- Alabama
- Alaska
- Arizona
- Arkansas
- California
- Colorado
- Connecticut
- Delaware
- Florida
- Georgia
- Hawaii
- Idaho
- Illinois
- Indiana
- Iowa
- Kansas
- Kentucky
- Louisiana
- Maine
- Maryland
- Massachusetts
- Michigan
- Minnesota
- Mississippi
- Missouri
- Montana
- Nebraska
- Nevada
- New Hampshire
- New Jersey
- New Mexico
- New York
- North Carolina

North Dakota  
Ohio  
Oklahoma  
Oregon  
Pennsylvania  
Rhode Island  
South Carolina  
South Dakota  
Tennessee  
Texas  
Utah  
Vermont  
Virginia  
Washington  
Washington, D.C.  
West Virginia  
Wisconsin  
Wyoming  
Other

### Program Director Name [Internal]

Please choose the Rose Foundation staff member who is in charge of this fund or grant.

#### Choices

Jodene Isaacs

### Program Director Title [Internal]

Please choose the title of the program director (i.e. Executive Director, Managing Director, Grants Manager, etc.)

#### Choices

Program Officer

### Program Director Email [Internal]

Please choose the appropriate email for this program director.

#### Choices

jisaacs@rosefdn.org

## California County (or Counties) Served

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### 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

## [Internal] Primary California Region\*

Program Officers, select the primary California region this grant would serve.

### Choices

Statewide  
North Coast  
North Central & East  
Russian River  
Sacramento Valley  
San Francisco Bay Area  
Sierra Nevada  
Central Valley  
Central Coast (incl. Monterey Bay and San Luis Obispo)  
Santa Barbara Area (incl. Oxnard and Ventura)  
Los Angeles Area (incl. Orange County)  
Southern Deserts  
Southern Valleys (incl. Antelope, Imperial, and Riverside/San Bernardino)  
San Diego Area

## Instructions and Hints for Applicants

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- 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.

**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](mailto:grants@rosefdn.org).*

## Project Description

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### 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 upload a chart (in pdf form) instead of writing in the text box if you prefer.

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?
- For example, 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.

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

### 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. It is acceptable to check only the General Population box if your project does not focus on a specific constituency.

### Choices

General Population  
 Youth  
 Students  
 Seniors  
 Veterans  
 Immigrants  
 People with low-to-moderate incomes  
 Communities of color  
 People in rural areas  
 Other

### Constituency\*

Please use this space to provide any additional details on the constituents 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

### 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

## Consumer Products Fund Application Information

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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.

The 2023 grants opportunity 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, February 3, 2023 at 5:00 PM Pacific Time.** Funding decisions will be announced in April 2023.

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

## Staff and Board Lists

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### 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

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

If you need to attach a document, please use a pdf (no spreadsheets in original format).

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?

Character Limit: 20

### Organizational Budget\*

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. 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. Again, if you need to attach a document, please use a pdf (no spreadsheets in original format).

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 (as pdf), you may skip the next question.

Character Limit: 5000 | File Size Limit: 4 MB



## Balance Sheet

Please provide your organization's balance sheet (as pdf) 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

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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

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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

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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

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### 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