

# Consumer Privacy Rights Fund 2023

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## 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 December 2023. Please begin your grant period no sooner than January 1, 2024.

Character Limit: 250

### Area(s) of Emphasis

#### Choices

Arts, Culture, & Media

Children & Youth

Climate Change and Energy

Consumer Advocacy

Consumer Financial Education

Consumer Privacy

Economic Development

Environmental Education

Environmental Health and Toxics

Environmental Justice

Habitat / Wilderness / Preservation

Housing

Human Rights & Civil Liberties

Land Management / Urban Sprawl / Open Space

Peace & Conflict Resolution

Water Resources / Watershed Protection

Other

### 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

### 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

## 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

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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 [grosenstein@rosefdn.org](mailto:grosenstein@rosefdn.org)*

## Consumer Privacy Fund Application Information

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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. The 2023 grants opportunity seeks proposals that advance consumer privacy anywhere in the United States.

**Proposals must relate primarily to supporting and enhancing individual consumer's internet privacy rights with suggested emphasis in:**

- o Collection or use of people's personal data without their consent.
- o Surveillance and other intrusive behaviors, including surveillance of protestors, and surveillance technologies such as facial recognition software and cell-site simulators ("stingrays").
- o Recording or monitoring internet communications without consent, including illegal recording.
- o Transparency with regards to the decision-making and use of personal data in artificial intelligence (AI).
- o General support for organizations that are primarily or wholly dedicated to advancing consumer privacy rights.

**Applications are due Friday, October 13, 2023 at 5:00 PM Pacific Time.** Funding decisions will be announced in December 2023. Only **one application per organization** will be considered.

## Project Description

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### Workplan and Strategy\*

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 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: 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? In addition, please state your overall goals and why they are important.

Character Limit: 3000

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

#### 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 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: 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

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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 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. 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 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

p.p1 {margin: 0.0px 0.0px 0.0px 0.0px; font: 12.0px Helvetica}

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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### 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 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.

### 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

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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

More than 40 hours

### How Can We Improve?

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

Character Limit: 1000