**Prevention Through Liberation**

**Summer 2018 Mini-Grant Application**

**Instructions:** Complete this brief form and return to trisha@ocadsv.org *by midnight on Friday, May 25th***.**

If you have any questions, or would like support in completing the interest form, please contact meagan@ocadsv.org or kerimk@ocadsv.org.

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| Organizational & Staff Information  |
| **Organization:** |
| **Organizational Mission:**  |
| **Contact Person** **(name, phone, & email):** |
| **Address:** |
| **Is your organization a current OCADSV member program (yes or no)?**  |

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| Capacity Building Project  |
| **Brief project description (500-word max.):**  |
| **Community(s) impacted by this project** (i.e. people of color, people with disabilities, immigrants & refugees, transgender & queer people, deaf & hard of hearing people, Indigenous people, elders, etc.): |
| **How will this project contribute to organizational capacity? (500-word max.)**  |
| **How does this project address sexual assault prevention? (500-word max.)**  |