

Outride Fund Grant Application 2023

APPLICATION QUESTION PREVIEW

Please go to https://outride.smapply.org/prog/outride_fund_grant to apply

Eligibility

Is your organization registered as a non-profit or non-governmental organization under local jurisdiction with charitable purposes and practices (e.g. 501(c)(3) in the USA) or is your organization fiscally sponsored by a non-profit?

Yes

No _____

Are you a political or a religious organization?

Yes

No

Will the funding you are seeking be used to support a youth-centered cycling project?

Yes

No

Have you read our updated [grant guidelines](#) and [FAQs](#) in full?

Yes

No

ORGANIZATION INFORMATION

Organization Name and Mailing Address

Organization Name _____
Address _____
City _____
State _____
Zip Code _____

Organization: Primary Contact Information

First Name _____
Last Name _____
Title/Role _____
Email _____
Phone Number _____

Organization Director Information

(If different than primary contact)

First Name _____
Last Name _____

Email _____

Phone Number _____

Organization Website and Social Media Handles

Website (if applicable) _____

Instagram Handle (e.g. @outride) _____

Facebook Page (e.g. <https://www.facebook.com/outride.bike>) _____

Select Your Organization's Type

- Civic / Government
- Collective (ex. Multi-Sectoral Partnerships)
- Non-Profit (Community Organization)
- For-Profit (ex. Bike Shop / Business)
- School (K-12)

What programming / services does your organization provide? Check all that apply.

- Bike camps / trips
- Bike education / bike safety
- Bike maintenance / repair
- Earn-a-bike / bike giveaway
- Family / community rides
- Infrastructure (trail / bike parks / pump tracks)
- Mentoring
- Non-cycling programming (e.g. tutoring, job placement, etc.)
- Nutrition / meal support
- Racing opportunities
- Team / group practices
- Other, please specify... _____

Does your organization act as its own Fiscal Sponsor?

For example, the organization is incorporated with your state, and has a bank account in the organization's name.

- Yes
- No

Please provide your organization's **EIN** or **Tax ID Number**. (If you rely upon a Fiscal Sponsor, please provide their number)

Note: this should NOT be a personal Social Security Number!

Fiscal Sponsor Organization Name and Mailing Address

Organization Name _____

Address _____

City _____

State _____

Zip Code _____

Fiscal Sponsor Organization Contact Information

First Name _____

Last Name _____

Title/Role _____

Email _____

Phone Number _____

How did you hear about Outride (or the Outride Fund grant)?

MISSION ALIGNMENT

The Outride Fund supports community nonprofit organizations with a commitment to using cycling as a tool to improve social, emotional, and cognitive health in their communities.

Our grants are focused on:

Social, Emotional and Cognitive Health: We envision a world where billions of people use cycling to improve social, emotional, and cognitive health.

Equity and Access: We also want to expand opportunities to access the benefits of cycling, partnering with programs that intentionally work to provide the social, emotional, and cognitive health benefits of cycling to underrepresented demographic groups.

What is your Organizational or Program Mission?

(Word limit: 250)

Please explain how your organization or program's goals are aligned with Outride's work.

(Word limit: 250)

PROGRAM / PROJECT DETAILS

What is the name the program or project you'd like support for?

(80 character limit)

Does your program or project already exist or are you hoping to create something new?

Please provide an overview of the cycling programming for which you seek support, including the structure, duration, and type of programming.

Include as much detail as possible to help the grant committee understand the scope of programming and how it will impact your community.(Word limit: 500)

Please provide 1 to 3 **specific** and **measurable** goals / outcomes aligned to our mission that you will use to determine the impact of your project / program.

(Word limit: 250)

How will you **measure** success for this program or project?

(Word limit: 250)

How do you believe your program will help improve social, emotional, or cognitive health for participants?

(Word limit: 250)

How many people do you expect to serve through this program or project in the next year?

Please identify the demographic group(s), if any, that you are specifically aiming to engage with this program or project.

Please describe **how** and **why** you are aiming to engage the selected demographic group(s) for your program or project.

BUDGET

What is the **total grant amount requested**, in USD (\$) ? In general, Outride Fund grants are between \$5,000 and \$15,000, and don't exceed 50% of a program budget or 10% of overall annual operating budget.

What is the total **program/project budget**?

e.g. Bike Club, NICA Team, Bike Park, etc.

If different than your program/project budget, what is your **total organizational budget**?

e.g. School, NICA League, Trail Organization / Parks & Rec Dept., etc.

If awarded, please describe in as much detail as possible how you will use the funds to accomplish your goals. You can also upload a budget spreadsheet (below).

(Word limit: 500)

Do you currently have any additional external sponsors or grants for this program or project?

If yes, please list them here.

Do you plan on applying to any additional grants or approaching additional sponsors to support this program or project?

If yes, please list them here.

You've now reached the end of the application. **Don't forget to hit the final SUBMIT button after you've marked this section as complete!**