






GrantTank 2025 Application Checklist









Applications will only be accepted if they are submitted online:
thejensenproject.org/apply











Step 1: Eligibility Quiz

Please note: If you answer “No” to any of the following questions, you will not meet the eligibility criteria and will be unable to proceed with the application.

	Are you a 501(c)3 organization who has been established for at least two years, is based in the United States, and is in good legal standing in your state?
	Is the main population your organization serves or collects data on survivors of sex trafficking?
	Does your organization receive funding from a variety of sources, with no single type of funder representing more than 50% of your revenue?
	Is your organization prepared to share your financial statements?
	Are you authorized to submit a grant request on behalf of the organization you are applying for?






Step 2: Organization Information

	Organization Name
	Address, City, State, Zip Code
	Tax ID
	Year Founded
	Website
	Phone Number
	Current Operating Budget
	Organizations Fiscal Year










	Year of last annual audit (if applicable)
	Brief overview of organization's background/history
	Mission Statement
	Vision Statement (if applicable)
	How does your organization's mission align with The Jensen Project? <i>The Jensen Project is a non profit fueling strategic partnerships in the fight against sexual violence</i>
	How do you define best practices throughout your organization?
	How do you incorporate lived experience expertise into your organization and programs?
	Please explain any legislative initiatives that you support.
	The Jensen Project is a believer in partial decriminalization of prostitution, known as the Survivor Model or Equality Model. Please identify how your organization aligns with the Survivor Model: <ul style="list-style-type: none"> • Our agency supports the Survivor Model publicly • Our agency supports the Survivor Model privately • Our agency does not support the Survivor Model • Our agency does not take legislative stances • Unknown
	Please list any lawsuits your organization has been through, or been named in, in the last 5 years

Fiscal Sponsor (if applicable)










Please note, fiscal sponsors may be contacted to verify good standing.

	Fiscal Sponsor Name
	Fiscal Sponsor Tax ID
	Fiscal Sponsor Contact Name
	Fiscal Sponsor Contact Email
	Fiscal Sponsor Address

Step 3: Organization Demographics





	What age group(s) does your organization serve? <i>Drop down will provide options to select from</i>
	What ethnicities do your organization serve? <i>Drop down will provide to select from</i>
	What gender(s) does your organization serve? <i>Drop down will provide options to select from</i>
	Is your organization faith based? <i>Yes/No</i>
	If yes, how integrated is faith in your programming? <i>Low / Medium / High</i>
	If yes, what all types of faith are accessible in your programming?
	Geographic Area Served <i>United States / International</i>
	Organization Type <i>Drop down will provide options to select from</i>
	What population(s) does your organization serve? <i>Drop down will provide options to select from</i>

Step 4: Demographics





	Unduplicated number of people served annually
	Number of Full Time Staff
	Number of Part Time Staff
	Number of Board Members
	General terms for board members
	Names and titles for board members
	Number of Volunteers
	How are volunteers used within your agency?
	Organizations with whom you collaborate and how

Step 5: Contact Information



Executive Director or Head of Agency

	First & Last Name
	Title
	Email
	Phone (office & mobile)
















Grant Writer/Primary Contact *(person who will be submitting the quarterly reports)*

	First & Last Name
	Title
	Email
	Phone (office & mobile)

Leadership and Signatory *(person who will physically sign all agreements)*

	First & Last Name
	Title

Step 7: Request Information












	Project Title
	Description of grant request (100 words or less) <i>The term of this grant will be for 2 years.</i>
	Key Project Staff <i>Include full names, titles, and LinkedIn profile URLs</i>
	Key Project Staff Job Descriptions (uploaded as 1 attachment)
	Request Amount <i>Value between \$100,000 - \$300,000</i>
	Project Budget
	Project Start and End Date
	Please provide information on the main issues or problems this grant request addresses and details on why and how you address these issues.
	Provide detailed program/project description that describes proposed activities, program components and/or specific services that will be provided and how activities, services, and components will be carried out
	Program/project performance and evaluation measures and your plan for data collection reporting
	Top 3 goals related to this project
	Implementation Timeline (specifically related to this request (if applicable). Include major events, activities, and when they will take place
	Unduplicated number to be served annually by proposal (if applicable)
	Plans to support the proposal after the term of this grant <i>This should account for a minimum of one year post-grant.</i>
	Provide an updated list of all other entities asked and planning to ask for support on the proposal with amounts and responses to date. When do you expect to hear from pending requests? <i>We will require an update on this if/when we move to a Zoom interview.</i>

Step 8: Request Demographics

	<p>What age group(s) does this request seek to serve?</p> <ul style="list-style-type: none"> • Young Adults (18-25) • Adults (26-64) • Seniors (65+)
	<p>What ethnicities does this request seek to serve?</p> <ul style="list-style-type: none"> • African American/Black • Alaskan Native • Asian American • Caucasian/White • Hispanic/Latino • Multi Racial • Native American • Native Hawaiian or other Pacific Islander • Other • All
	<p>What gender(s) does this request seek to serve?</p> <ul style="list-style-type: none"> • Female • Transgender
	<p>What geographical area is served by this request?</p> <ul style="list-style-type: none"> • United States
	<p>Population served by this request</p> <ul style="list-style-type: none"> • Sex Trafficking
	<p>Grant Purpose</p> <ul style="list-style-type: none"> • Economic Empowerment <ul style="list-style-type: none"> ◦ Barrier Removal (including legal) ◦ Career Readiness/Vocational Training ◦ Scholarships (Higher Education, Technical, or Trade) ◦ Social Enterprises ◦ Sustainable Careers • Housing <ul style="list-style-type: none"> ◦ Emergency ◦ Long-Term / Restorative ◦ Drop-In Center ◦ Short-term / Stabilization • Technology <ul style="list-style-type: none"> ◦ Mobile Applications ◦ Data Collection or Mapping ◦ Other
	<p>Type of Funding</p> <ul style="list-style-type: none"> • Capacity Building: Improving your organization's ability to fulfill its mission • Capital Campaign: Building or renovating program space • General Operating Support: Including administrative costs and staffing • Program Support: Direct program costs and required resources • Other <ul style="list-style-type: none"> ◦ <i>You will need to give additional details if you choose "other"</i>

Step 9: Attachments

Supporting Documents

	Organization Chart
	Project Budget <i>This accounts for the funds we are requesting.</i>
	Organizational Budget for current fiscal year
	Organization Budget for next fiscal year
	Signed audited financial statements (if available) for most recent two years
	Most recent (or your Fiscal Sponsor's) Form 990 or Form 990-EZ
	A copy of your (or your Fiscal Sponsor's) 501(c)(3) IRS determination letter
	Letters of Support <i>You may submit two (2) referrals from partners</i>
	Strategic Plan (if you have one)
	2 - 3 Minute Pitch Video Who you are and how you would use the funding to amplify your mission <ul style="list-style-type: none"> • Upload to YouTube as an "unlisted" video and provide the URL. Unlisted videos can be seen by anyone with the link and won't appear on your Youtube channel or in Youtube's search results. • Videos that exceed 3 minutes will not be watched and will be excluded from consideration
	2 - 3 Minute Organization Video What makes your program unique and game-changing? <ul style="list-style-type: none"> • Upload to YouTube as an "unlisted" video and provide the URL. Unlisted videos can be seen by anyone with the link and won't appear on your Youtube channel or in Youtube's search results. • Videos that exceed 3 minutes will not be watched and will be excluded from consideration