



## **Pads Across America Funding Parameters: Product Grant**

### **Purchase of Menstrual Products**

- The Pad Project provides grants to nonprofit organizations operating within the U.S. to purchase menstrual products for the people they serve.
- Products include but are not limited to pads, liners, tampons, and cups.
- Products must be intended for individuals and communities within the U.S.

### **Distribution of Menstrual Products**

- The Pad Project provides grants to nonprofit organizations operating within the U.S. to distribute menstrual products to the people they serve.
- Products include but are not limited to pads, liners, tampons, and cups and may be distributed however the organization sees fit.
- Products must be distributed to individuals and communities within the U.S.



## **Pads Across America Grant Application**

Please type your responses to the following questions and email them as a PDF attachment to [grantsmanager@thepadproject.org](mailto:grantsmanager@thepadproject.org). Applications should be **2 to 6 pages** (not including attachments).

### **Organization Information**

1. Organization Name
2. Organization Location
3. Organization EIN
4. Mailing Address (for check)
5. Website
6. Social Media Links (Instagram, Twitter, Facebook, etc.)
7. What is the organization's mission statement?
8. What are the goals and primary focus areas of the organization?
9. How many people does the organization serve?
10. If available, please provide general demographic information about the individuals you serve. (e.g. age, ethnicity, housing status, etc.)

### **Program Leader**

1. Name of Program Leader
2. What experience does the program leader have with menstrual product distribution or menstrual health education?
3. Attach a copy of the program leader's CV (or bio) to the application.

### **Project Overview - Product Purchase and Distribution**

1. What grant amount are you requesting to purchase menstrual products? (e.g. \$500; \$1,000; \$2,000)
2. How many menstrual products do you plan to purchase with this grant?
3. How many individuals will receive menstrual products purchased with this grant?
4. How do you plan to distribute the menstrual products? Will you be working with distribution partners? If so, can you provide information about these partners?
5. When individuals receive menstrual products, how long will these supplies be meant to last? (e.g., one day, one month, one year, etc.)
6. Provide a brief summary of how the funds will be used to support your community.

# the pad project.

## **Budget**

1. Attach a spreadsheet with a line item breakdown of the proposed budget. Please include the price of the menstrual products, the number of individual products to be purchased, and any other expected cost (e.g. delivery, distribution, etc.)
2. Attach a budget justification that details how the funds will be used. (e.g. What types of menstrual products will be purchased? How many of each type? How many products will be distributed to each individual?)

## **Timeline**

1. What is your desired launch date?
2. What will be the duration of the project (e.g. 6 months, 1 year, etc.) and why?

## **Evaluation**

1. How do you plan to keep track of the number of individuals served by this grant?
2. How do you plan to measure the success of the project? Be as specific as possible.
3. Do you have the capacity to share regular updates, photos, and quotes with us? (Please note, photos and quotes DO NOT need to include beneficiaries.)