

The Fiona Project
Concerts for CSA Prevention & Healing
Provider Funding Program

Application for Funding

Organization Name: _____

Organization Address: _____

City, State Zip _____

Contact: _____ Phone: _____

Email: _____ Mobile: _____

Website: _____

Facebook Page: _____

Form completed by: _____

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Please complete the following questions.

1. **What is the mission of your organization?**

2. **How does your organization provide child sexual abuse prevention or healing services and support for CSA survivors?**

3. **How much funding are you requesting? (Up to \$2500)**

4. **How will the funds be used? (Please be specific.)**

5. **What direct benefit will children and child sexual abuse survivors in your community experience if you receive this funding?**

6. **Please provide a brief history of the major accomplishments of your organization to date related to child sexual abuse prevention or survivor support programs.**

7. **Please provide three references that can demonstrate how the program has positively affected either individuals or the community in terms of child sexual abuse healing, advocacy or prevention.**

8. **Are you willing to work with The Fiona Project to help create a concert for your organization that will educate concert goers, honor survivors and generate funding for your program in a fun, uplifting way?**

Submit your completed application along with an income and expense statement for either the last twelve months or your most recent fiscal year to funding@thefionaproject.org.

Thank you for all you do in support of CSA prevention and survivor support. We will review your application at our earliest convenience and let you know of your funding approval status.

Sincerely,

The Fiona Project Staff
Concerts for child sexual abuse prevention and survivor support

Have questions? Contact us at <http://thefionaproject.org/contact-us/>.