Dove Baby Community Care Grants Application

Instructions: All fields marked with a red asterisk (*) are strictly required. Ensure your responses adhere to the specified word limits.

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SECTION 1 - ORGANIZATION INFORMATION

Organization Name *

Max 160 characters

Organization Address *

Street Address

City

State

Select State

ZIP Code

Max 320 characters

Organization Website (URL) *

Max 320 characters

Organization Instagram Handle (If your organization does not have an Instagram account, please select "N/A."

N/A

Max 160 characters

State Of Incorporation *

Max 160 characters

Year Established *

Please describe your organization's overall mission, programs, and activities. What services or support does your organization provide? *

Max 1600 characters

Describe the community or communities your organization serves, including geographic locations, key demographics, and any historically underserved and marginalized populations that are a focus of your work. How is your programming designed to meet the unique needs of these communities? *

Max 1600 characters

Staff Size (number of employees) *

Max 160 characters

Does your organization's leadership have lived experience in and/or demonstrate expertise in serving the historically underserved or marginalized communities your organization supports? If yes, please briefly describe how it informs programming and/or community relationships. *

Max 1600 characters

2025 Annual Operating Budget (USD) *

Please provide this for the most recently completed fiscal year (preferably 2025). If your 2025 financial close-out is still in progress, you may provide 2024 figures instead.

Max 320 characters

Current 501(c)(3) Verification *

Is your organization currently recognized as a tax-exempt 501(c)(3) organization by the IRS? Please note: Organizations selected as finalists may be required to provide documentation verifying their 501(c)(3) status (or that of their fiscal sponsor) before funds can be awarded.

- ◯ Yes
- ◯ No
- ◯ We operate under a 501(c)(3) fiscal sponsor

Organization's Employer Identification Number (EIN) (or fiscal sponsor's EIN, if applicable) *

Max 320 characters

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Fiscal Sponsor Name (if applicable)

Required if fiscal sponsor option was selected in Q12

Max 160 characters

Fiscal Sponsor Address (if applicable)

Required if fiscal sponsor option was selected in Q12

Street Address

City

ZIP Code

State

Select State

Max 320 characters

Fiscal Sponsor Website (if applicable)

Required if fiscal sponsor option was selected in Q12

Max 320 characters

Fiscal Sponsorship Length Requirement (if applicable)

Has your organization operated under its current fiscal sponsor for at least one year?

- Yes
- No

Do you confirm that your fiscal sponsor will receive and administer the grant funds on behalf of your organization if selected as a grant recipient, as required by the program?

- Yes
- No

Fiscal Sponsor Acknowledgment & Documentation

Please provide a signed acknowledgment from your fiscal sponsor confirming the fiscal sponsorship relationship and its agreement to receive and administer grant funds on behalf of your organization if selected as a grant recipient.

Submission Instructions: This document must be uploaded separately through the Dove Baby Community Care Grants application website, along with this completed application PDF.

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Current Corporate Partnerships Disclosure *

Does your organization currently have a significant ongoing partnership, sponsorship, or funding relationship with another baby care, personal care, or family care brand?
If yes, please briefly describe the organization(s), the nature of the relationship, and whether the partnership is ongoing or time-limited.

Note: Having relationships with multiple funders or corporate partners does not automatically disqualify an applicant. This information is collected solely to help Dove Baby understand existing partnerships and assess any potential conflicts or competitive considerations.

Primary Contact (Application Entrance) *

Name

Title / Role

Email Address

Phone Number

Secondary Contact Information *

Name

Title / Role

Email Address

Phone Number

SECTION 2 - POSTPARTUM CARE PROGRAMMING

What types of postpartum care does your organization offer? *

Select all that apply

- [ ] Doula support
- [ ] Lactation support
- [ ] Sleep support
- [ ] Physical recovery support
- [ ] Community & practical support
- [ ] Mental health & emotional wellness support
- [ ] Other (please specify)

Max 160 characters

How long has your organization been providing postpartum care services? *

- Less than 1 year
- 1-3 years
- 4-7 years
- 8+ years

What percentage of your organization's overall work is focused specifically on postpartum care programming? Please provide an estimate. *

Max 320 characters

Describe your organization's postpartum program or services, including what you offer, who it's designed for, and how it responds to the specific barriers your community faces. *

Max 320 characters

What makes your organization and its postpartum care programming trusted within the community you serve? *

Max 1600 characters

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Tell us about the team that leads your postpartum programming. Please include the name and role of the person who oversees the work, briefly describe their relevant experience or expertise, and share one example of a recent grant, partnership, or program that demonstrates your organization's ability to successfully serve the community and manage initiatives like this one. *

Max 1600 characters

How does your organization measure the impact of its postpartum programming? Please describe the types of quantitative and/or qualitative information you collect (e.g., participation metrics, outcomes, surveys, participant feedback, testimonials, stories, or other indicators of success). *

Max 1600 characters

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Approximately how many individuals or families does your postpartum care programming serve annually? *

Max 160 characters

Based on the measures described above, what impact has your programming had on postpartum individuals or families? Please share any recent results, outcomes, data, participant feedback, testimonials, stories, or other examples that demonstrate your impact. Please do not include any personally identifiable information (PII) in your response. *

Max 1600 characters

SECTION 3: USE OF FUNDS

If selected, how would your organization use the $10,000 grant to support or expand your postpartum work over the next year? Based on the impact measures and indicators described previously, what outcomes do you expect this funding to help achieve (for example, number of additional postpartum individuals or families reached). *

Max 1600 characters

SECTION 4 - FINAL INFORMATION & CERTIFICATIONS

In addition to the terms outlined in the Publicity Release section of the Official Rules (which all recipient organizations must agree to), would you be open to Dove Baby potentially highlighting your organization and its impact in a more individualized way—such as through earned media opportunities, social content, or a feature on our website? Please note that your decision to provide or withhold consent will not affect your eligibility or chances of being considered for the grant. *

- ◯ Yes, we would be open to individualized storytelling opportunities
- ◯ No, we prefer standard publicity release terms only

How did you hear about Dove Baby Community Care Grants? *

Select all that apply

- [ ] Dove Baby social media
- [ ] Black Mamas Matter Alliance
- [ ] Every Mother Counts
- [ ] Another organization (not listed here)
- [ ] Grant listing website
- [ ] A media article or news story
- [ ] Sista Midwife Productions
- [ ] Other

Max 160 characters

Ready to Submit?

Thank you for completing the Dove Baby Community Care Grant application! Before submitting, please click the button below to validate your responses and ensure all required fields and response requirements have been met. Resolve any issues identified and save your completed PDF. Then, return to the application website to upload your PDF and any additional required documentation. Please note that incomplete applications may not be considered - please review all entries before submitting.

Validate Application