

Kinship Fund Partner Grants - 2025

The Kinship Fund

Letter of Interest

Your Organization's Mission Statement*

We ask this question because we partner with organizations that work to change systems that have historically oppressed marginalized populations and perpetuated mass incarceration, poverty, and prevented access to education. We are looking for nonprofit partners who are addressing these issues.

Character Limit: 500

Is your organization a 501c3 as designated by the IRS?

The Kinship Fund can only fund organizations with a 5013c status, or organizations that have a fiscal sponsor with a 501c3 status.

Choices

Yes, we are a 501c3

We are fiscally sponsored by a 501c3

No, we are not a 501c3

What type of support are you seeking?*

Choices

Project

General Operating

Capacity Building

Emergency

Other

Do you anticipate needing more than one year of funding for this project/program?*

We ask this question because our Partner Grants may support multi-year funding, and we want to know your needs upfront.

Choices

Yes

No

I am not sure

Project Name*

Please identify a name for your project or program or indicate General Operating, Capacity Building, Emergency or Other as the title. This name will help us identify your application moving forward.

Character Limit: 250

Amount requested*

The Kinship Fund is considering grant requests of \$1,000-\$50,000 for this cycle.

Character Limit: 20

Total Project Budget*

Character Limit: 20

Issue*

What issue or problem is your project or organization working to address? How will this funding help to address this issue?

We ask these questions so that we can understand why you need this funding, how your project ties into the issues we support, and how supporting your organization will move the needle toward progress.

Character Limit: 1500

Project Description*

Please describe your project, program, or organization. Tell us why your organization is qualified to address the issue.

If you are requesting general operating, capacity building, emergency, or other funding, please tell us more about your request. The better you can describe how the funds will help you achieve your goals, the more it will help us make our decisions. We are looking to see how the project or work creates long-term solutions. How do you know your program or work is making a difference?

Character Limit: 5000

Project Start Date

Character Limit: 10

Project End Date

Character Limit: 10

Focus Area(s)*

Please select all areas of focus that your work impacts.

Choices

Women and/or Girls

Mentoring

Prevention of the incarceration of youth

Promotion of education to end poverty

Development of whole-person well-being

Other

Other focus areas

What other focus areas does your organization focus on besides what is listed above?

Character Limit: 800

Population Served*

Please tell us about the population that these funds will serve—for example, first-generation college students, women who are refugees, or youth who are justice-involved.

We ask this question because if we understand the people you serve, it will help us determine how we can best support you.

Character Limit: 1500

Geographic Area(s) Served*

We fund organizations within San Diego County, but we would like to know if your work also extends outside of the County.

Choices

San Diego County

Both Inside and Outside San Diego County

Only Outside San Diego County

Your Organization's Annual Budget This Year*

We ask for your current fiscal year budget because our funding typically (but not exclusively) supports organizations with an annual budget of \$2 million or under.

Character Limit: 20

Most recent Form 990

Please upload your organization's most recent Form 990.

If you have not yet filed a 990 Form, your organization will not be disqualified, but if you have filed a 990, we need you to upload your most recent one.

File Size Limit: 2 MB

Fiscal Sponsor Questions

Name of Fiscal Sponsor Organization*

Character Limit: 250

Fiscal Sponsor EIN*

Character Limit: 10

Name of Contact at Fiscal Sponsor Organization*

Character Limit: 100

Fiscal Sponsor Contact Email Address*

Character Limit: 254