

OPPORTUNITY GRANT APPLICATION FORM

Opportunity Grants Program • OGP-OGA-001

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Program	Opportunity Grants	Review Cycle	Annual	Approved By	R. Antonich

Exist With Initiative (“EWI”) empowers people facing mental health challenges to embrace the fullness of the human experience by providing funding and space to grow and pursue passions. Through our Opportunity Grants, we support participants in pursuing passion, gratitude, and growth in a way best aligning with their unique interests and goals.

Grants are awarded for amounts up to \$1,500 and funds must be disbursed and used within six months of the award date for use consistent with the purposes described in the awardee’s application.

Grant awardees are required to submit a reflection on their experiences that will be shared with the EWI community within 90 days of fund disbursement. Reflections may be provided in the form of written statements, video essays, and photo submissions. Contact EWI if you would like to submit your reflection in a manner not listed.

Applicants must reside in the United States and be 16 years of age or older. Any applicants under 18 must have a parent or legal guardian co-sign this application. EWI reserves the right to contact the parent or legal guardian regarding any questions about an applicant’s submission under the age of 18.

Grant funding will not be disbursed directly to the participant; instead, EWI will purchase or pay for the items or services on behalf of the applicant. Alternative disbursement methods may be approved at the sole discretion of the Board of Directors upon written request from the participant.

* Indicates a required field.

SECTION 1: APPLICANT INFORMATION

Full Legal Name *	Pronouns
Preferred Name (if different)	Date of Birth *
Email Address *	Phone Number *

City *

State *

SECTION 2: GRANT TYPE

Please select the Opportunity Grant category you are applying for: *

☐ Passion Grant

Supporting the pursuit of a personal passion, hobby, or creative interest

☐ Gratitude Grant

Supporting an act of giving back or honoring something meaningful

☐ Growth Grant

Supporting personal development, education, or skill-building

Requested Grant Amount (up to \$1,500) *

 Funds may be used for equipment, materials, classes, registrations, or other related expenses approved by the grants review committee. Applicants may be asked for more information if the application information is insufficient upon review.

Describe how and when the funds will be used: *

SECTION 3: PARTICIPANT SELF-IDENTIFICATION

Please select the statement that best describes you: *

☐ I have faced or am currently facing mental health challenges.

☐ Other (please describe below):

*EWI honors each participant's lived experience as valid and sufficient for eligibility purposes. At your own discretion, you are free to describe any mental health diagnoses you have received or other self-reported health conditions, but **this is not required** and all applications will be evaluated without regard to the*

existence of formal diagnoses or self-reported health conditions. **Please do not send medical records or letters from your clinician or health provider.** Please see EWI's Privacy Policy for more information.

SECTION 4: REFERENCE (OPTIONAL)

You may provide one personal or professional reference (e.g., teacher, mentor, counselor, or community member) who can speak to your character or your proposed project. This is not required, but provides the grant review committee with more information about your request and situation. References will be contacted during the grant review cycle.

Reference Full Name

Relationship to Applicant

Reference Email

Reference Phone Number

SECTION 5: CONFLICT OF INTEREST

EWI handles potential Opportunity Grant applicant conflicts of interest in accordance with the Conflicts of Interest section of the Opportunity Grants SOP.

Do you have a family, personal, professional, or other significant relationship with any current Board member, grants review committee member, or program staff?*

- ☐ Yes
☐ No

If yes, please identify the nature of the relationship. Note*: family members of Board members, grants review committee members, and program staff are ineligible to receive an Opportunity Grant. Close personal non-family relationships do not necessarily disqualify you from receiving an Opportunity Grant, but the person with whom you have the relationship must recuse themselves from any decision-making role with regard to your application.

SECTION 6: CONSENT & RELEASE

EWI strives to create community within our Opportunity Grant program through the sharing of your stories and experiences using the funding. A personal reflection is required and is due to EWI within 90 days of fund disbursement. Reflections can be submitted as a written statement, video essay, or

photo submission. Please contact EWI if you would like to submit your reflection in a manner not listed.

By signing below, you are granting to EWI the irrevocable permission and right to use and reproduce all information and materials and included in your reflection (and, if you receive and accept an Opportunity Grant, this application) programs or activities, EWI's fundraising or marketing efforts, and/or other purposes and activities consistent with EWI's mission and tax-exempt status, in any media (whether now known or hereafter devised) throughout the world, except as limited by EWI's Privacy Policy (the "Authorized Use"). PLEASE DO NOT SEND OR INCLUDE INFORMATION THAT IS CONFIDENTIAL OR WHICH YOU CONSIDER TOO SENSITIVE TO BE SHARED.

The permission described above includes a grant to EWI of a non-exclusive, royalty-free, perpetual, worldwide right and license to use and reproduce any and all writings, photographs, video clips or footage, sound recordings, and other materials that you provide to EWI as part of your reflection or this application and you represent and warrant that EWI's use of your Works as authorized herein will not violate or infringe upon the rights of any third party. You acknowledge and agree that you are executing this consent and release in consideration for receiving an Opportunity Grant, and that EWI does not owe you any additional compensation in exchange for this consent and release. You also waive any right to inspect or approve the images, audio, video and/or editorial or printed matter included in any Authorized Use.

By signing below, you agree to release and discharge EWI from (and you agree not to assert or maintain any action or lawsuit against EWI related to) any claims, damages, liabilities, costs, and expenses that you now have or may hereafter have by reason of EWI's Authorized Use of my Appearance and/or Works, including but not limited to those grounded upon the right to privacy, the right of publicity, copyright, libel, defamation, or any other rights. You also acknowledge that you understand that by signing below, you are giving up rights, including the right to sue, and that this release is binding on you as well as your heirs, legal representatives, and assigns.

Notwithstanding the foregoing, EWI agrees that it will identify you in public materials by your first and last initials unless you provide express consent in writing to use your full name.

If you have safety or other concerns regarding the sharing of your story or need to discuss this release further, please note it in the application.

Applicant Certification

By signing below, I certify that: (1) all information provided in this application is true and accurate to the best of my knowledge; (2) I meet the eligibility requirements outlined by Exist With Initiative; (3) I understand that all information provided by me is handled in accordance with the Exist With Initiative Privacy Policy; (4) I agree to the Consent and Release as described in Section 6 of this application; (5) I understand that misrepresentation may result in disqualification or revocation of any awarded grant; (6) and if I am cosigning as a parent or legal guardian, I am assuming shared responsibility for compliance with grant terms.

Applicant Signature *

Date *

Parent / Legal Guardian Signature (required if applicant is under 18)

Guardian Signature

Date

SECTION 7: PERSONAL NARRATIVE

Your narrative is the heart of your application. Please respond to all three parts, and be mindful of the length limitations of each part. Total word count: 750–1,500.

Accessibility matters to us. You can submit your narrative as a Word document (no longer than 1,500 words), PDF (no longer than 1,500 words), video (no longer than 5 minutes in length), image (no more than 2 images), or in another format as arranged by program staff upon request. If you need accommodations or have circumstances that affect how you submit, please note them below or contact us directly at connect@existwith.org. Your story is what matters most.

Part 1: You and Your Journey (250–500 words) *

How has your relationship with mental health shaped your experience? Share as much or as little as you feel comfortable.

Part 2: Your Vision (250–500 words) *

How will you use this grant to cultivate and reflect the value named in the grant category you selected (Passion, Gratitude, or Growth)? Describe your specific plans.

Part 3: Impact (250–500 words) *

What impact do you anticipate this experience will have on yourself and/or your community? Consider both short-term and longer-term outcomes.

Accessibility accommodations or additional context (if any):

FOR STAFF USE ONLY

Date Received: _____ Reviewed By: _____ Decision: ☐ Approved ☐ Declined ☐ Deferred

Award Amount: \$_____ Notes: