

PYP Seattle 2025 Grant Request Form

2025 Grant Request Form

Please compile requested information and submit by 12pm on September 5, 2025.

SECTION I: KING COUNTY REQUIREMENT

A. PYP grants exclusively serve King County residents. Please describe how a PYP grant to the nonprofit organization will be used only in King County and/or only by King County residents.

This organization serves King and Snohomish county babies.

SECTION II: ORGANIZATION BACKGROUND AND GRANT CHAMPION INVOLVEMENT

A. Provide the organization's name, address, and website URL.

Babies of Homelessness Mailing Address PO Box 147 Bothell. WA 98041

Website

www.babiesofhomelessness.org

B. Provide the name(s), title(s), and email(s) of the key contact(s) at the organization. These are the people who will assist with pitch development and who will be present for at least one follow-up session.

Katie Forrest

Executive Director

email: katie@babiesofhomelessness.org

phone: (425)866-7357

www.babiesofhomelessness.org

C. Provide a one-paragraph (maximum 250-word) description of the organization and program or project, if applicable. This paragraph should be pre-approved by the organization. Note that this paragraph will be used in PYP marketing materials, in PYP communications, and in voting for the top three organizations to move forward in the grant cycle should more than three Grant Request Forms be submitted.

Babies of Homelessness provides diapers, wipes, and formula to families experiencing homelessness or financial hardship in King County. The organization distributes baby essentials through three main channels:

- 1) Bulk deliveries to over 26 human services agencies including shelters and food banks.
- 2) Direct delivery to families living unsheltered or unable to travel.

3) Pick-up locations accessible by bus, where families receive a 30-day supply.

What sets the organization apart is its commitment to removing bureaucratic barriers, ensuring fast and easy access to critical baby supplies.

D. Describe the organization's values, mission, and history. Elaborate on the need the organization seeks to address.

Mission: Babies of Homelessness provides diapers, wipes, and formula to local families in need.

What We Believe: Diapers, similar to food and housing, are a basic necessity critical to a child (and family's) health.

E. Describe how the organization promotes diversity, equity, and inclusion within the community it serves, including but not limited to people who have been historically marginalized and traditionally underrepresented. How does the organization promote its DEI values internally and within its leadership? Examples include, but are not limited to, the composition of its Board of Directors and staff.

Will provide - all of the clients they feature are from marginalized communities, homeless, and often in recovery from substance abuse disorders. The impact report provides the names of board members.

F. Provide the name(s) of the Grant Champion(s) and a description of her (their) connection to the organization, including past and/or current involvement.

Deborah Rappaport. Was introduced by a friend who is a social worker at Soud Health who works with women and children who are homeless or on the brink of homelessness. She shared that this organization doesn't require "qualifying" for aid and so helps the most desperate moms fastest. The other org that helps her the most in her work to find aid for families is called Feeding Feasible Feasts. She also shared that both organizations provide basic needs without much overhead and are founded by people with lived experience. I'm a donor - that's it.

G. Email address of the PYP member who is submitting this grant request (a copy of this request will be sent to this email address once submitted). debr@outlook.com

SECTION III: ATTACHMENTS

A. Please attach a budget from the last fiscal year including actual income and expenditures.



B. Please attach a current operating budget (and project budget, if applicable).



C. Please attach a copy of the organization's IRS 501(c)(3) determination letter.



D. Please attach the organization's logo (in jpeg format).







Signature of PYP member who is submitting this grant request. By signing below, you are indicating that:
1) all statements provided in this grant request form are true to the best of your knowledge, and 2) the nonprofit's key contacts (listed in II.B above) have seen this request and agree to its contents.

