Women’s Fund

Grant Application - 2014

## *\*Please review the Women’s Fund Grant Guidelines found on our website before completing this application.*

## *Section 1.* Agency Information

(Please limit this section to 1 page)

1. Organization Name:
2. Agency Mission:
3. Mailing Address:
4. Phone #:
5. Fax #:
6. Executive Director:
7. Phone # (if different from above):
8. E-mail address:
9. Website Address:
10. 9 digit Federal Employer ID #:
11. Year the organization was incorporated:
12. # of paid Full-time (F.T.E.) Equivalents in organization:
13. For current fiscal year.
	1. Organization’s total budgeted revenue:
	2. Organization’s total budgeted expenses:
	3. Dates of current fiscal year:
	4. Revenue Sources (please complete chart)

|  |  |
| --- | --- |
| *Revenue Source* | *% of total Revenue* |
|  | Last Year | This Year | Next Year |
| Government (city, county, state, federal) |  |  |  |
| United Way |  |  |  |
| Membership |  |  |  |
| Fees  |  |  |  |
| Grants |  |  |  |
| Investment Income |  |  |  |
| Fund Raising (i.e. events, gifts, bequests, etc.) |  |  |  |
| Other  |  |  |  |

1. Please provide a general description of your organization (include a description of the population served and the principal geographic area of service).

## *Section 2.* Project/Program Information

(please limit this section to 2 pages)

1. Project Title pertaining to this proposal:
2. Contact Person for this proposal:
3. Title:
4. Phone:
5. E-mail:
6. Total Project Cost:
7. Amount Requested ($500-$2500):
8. If the fully requested amount is unable to be funded,
	1. Will you accept partial funding?
	2. If so, specify amount:
9. Will this project be completed by December 31, 2014 as required by the grant guidelines?
10. What geographical region does this project serve?
11. What are other sources of support you expect for this project (financial, in-kind, volunteer, etc.):
12. Please place an “X” next to the grantmaking objective(s) being met by this grant:

*\_\_\_To support organizations and projects that promote educational, economic, social and political equality for women*

*\_\_\_To enable women to achieve economic self-sufficiency*

*\_\_\_To insure women have necessary healthcare resources.*

1. Please provide a description of the project or purpose for which funding is requested. Include the number of women served, the percentage of participants who are women and describe how this grant will have an impact on the self-sufficiency of women.
2. How will this grant meet the grantmaking objectives listed in question #12?
3. What desirable outcomes have you identified for this project? How do you define success of the project?
4. If you are unable to obtain a grant from this or another granting body, will this project still be carried out?

***Section 3.* Program/Project Budget Sheet**

(please limit this section to 1 page)

**Please provide a budget with expenses and revenue for this project as well as a narrative in no more than 1 page.**

***Section 4.* E.D. and Board Signatures**

**These signatures are required for acceptance of the application. They can be submitted electronically, faxed or delivered by the due date.**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Executive Director

\_\_\_

Printed name of E.D. Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Board Officer

\_\_\_

Printed name Board Officer Date