This is a fillable form. Please click in the cells to provide your answers.

**ORGANIZATIONAL INFORMATION**

|  |  |
| --- | --- |
| GRANTEE ORGANIZATION NAME: |   |

|  |  |
| --- | --- |
| STREETADDRESS: |   |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|   |  |   |  |   |  |   |
| CITY |  | STATE |  | ZIP |  | COUNTY |

|  |  |
| --- | --- |
| CONTACT PERSON/TITLE: |   |

|  |  |  |  |
| --- | --- | --- | --- |
| PHONE: |   | EMAIL: |   |

|  |  |
| --- | --- |
| WEBSITE: |   |

|  |  |  |
| --- | --- | --- |
| DO YOU HAVE 501(c)(3) TAX EXEMPT STATUS: | [ ]  YES | [ ]  NO |

|  |  |
| --- | --- |
| IF YES, PROVIDE FEDERAL TAX-EXEMPT ID # (EIN): |   |

|  |
| --- |
| IF NO, COMPLETE THE FOLLOWING FOR YOUR TAX-EXEMPT FISCAL AGENT: |
| ADDRESS: |   |
| PHONE: |   | EMAIL: |   |
| WEBSITE: |   |
| FEDERAL ID#: |   |

|  |  |  |
| --- | --- | --- |
| 1. Does the project/program/work for which you are requesting money focus on the Women’s Fund’s service area of Outagamie, Calumet, Waupaca, Shawano, or northern Winnebago Counties?
 | [ ]  Yes | [ ]  No |

|  |  |  |
| --- | --- | --- |
| 1. Does the project/program/work for which you are requesting money primarily impact women and/or girls?
 | [ ]  Yes | [ ]  No |

|  |  |  |
| --- | --- | --- |
| 1. Does the project/program/work meet one of the Women’s Fund priority areas listed below?
 | [ ]  Yes | [ ]  No |

|  |
| --- |
| * Women and girls live in safety.
* Women and girls meet their basic needs for living, including food, shelter, and access to health care.
* Women and girls have the knowledge, opportunity, and self-determination to be economically secure.
* Women and girls have opportunities to pursue their dreams and achieve their potential.
* Women and girls are empowered and inspired to:
* Learn about and experience the value of philanthropy, including volunteerism.
* Mentor and encourage others.
* Recognize, develop and apply their leadership skills personally and professionally.
 |

**If you answered no to any of the three questions above, we are unable to accept your application or give a grant to your organization.**

|  |  |
| --- | --- |
| TOTAL PROGRAM/PROJECT BUDGET: |   |

|  |  |
| --- | --- |
| TOTAL ANNUAL ORGANIZATION OPERATING BUDGET: |   |

|  |  |  |  |
| --- | --- | --- | --- |
| GRANT START DATE: |   | GRANT END DATE: |   |

|  |  |
| --- | --- |
| WHEN ARE FUNDS NEEDED: |   |

**ORGANIZATION INFORMATION**

|  |  |
| --- | --- |
| DATE ESTABLISHED: |   |

|  |
| --- |
| In one or two SHORT sentences, BRIEFLY tell us who you are and what you do.: |
|  |

|  |
| --- |
| Indicate the percentage of women on your board, staff and constituents (as a percentage of the total number of people serving in these roles). If your organization has a fiscal sponsor, include the fiscal sponsor’s board and separately indicate the composition of your advisory committee if any. |

|  |  |  |  |
| --- | --- | --- | --- |
| Board of Directors (%): |  | Support Staff (%): |  |
| Key Managerial Staff (%): |  | Constituency Served (%): |  |

**GRANT SUMMARY**

|  |
| --- |
| WHICH 2017 STATUS OF WOMEN REPORT INDICATOR WILL BE ADDRESSED BY YOUR PROJECT/PROGRAM/WORK? |

|  |  |
| --- | --- |
| [ ]  Benefit Program Enrollment | [ ]  Violence Against Women |
| [ ]  Corporate Leadership | [ ]  Who Is In Poverty |
| [ ]  Educational Attainment | [ ]  Women & Poverty |
| [ ]  Free and Reduced-Price School Meals | [ ]  Women in the Population |
| [ ]  Health and Well-Being | [ ]  Women, Work and Wages |
| [ ]  Political Representation | [ ]  Women’s Business Ownership |

|  |
| --- |
| PLEASE DESCRIBE HOW YOU WOULD USE A WOMEN’S FUND GRANT OF $5,000 AND/OR $10,000 TO ADDRESS A 2017 STATUS OF WOMEN REPORT INDICATOR: |
| You may provide an answer for one or both amounts. Please be brief and limit your response to one paragraph for each amount. Share your goal and describe how you will achieve it. Focus on what you will do, not a description of the need or problem you wish to solve. Note: When making final funding decisions, the Women’s Fund reserves the right to award different amounts of support (more or less than requested). |
| With $5,000, our organization would do the following: |
|  |
| With $10,000, our organization would do the following: |
|  |

|  |
| --- |
| Collaboration is encouraged. Please describe potential partners or collaborators (people/communities/organizations) for the project/program/work that you want us to fund. |
|  |

**SUBMITTED BY:**

|  |  |
| --- | --- |
| NAME/TITLE: |   |

|  |  |
| --- | --- |
| DATE: |   |