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 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 primarily impact women and/or girls?
 | [ ]  Yes | [ ]  No |
| 1. Does the project/program specifically address the unique needs of women and/or girls?
 | [ ]  Yes | [ ]  No |
| 1. Does the project/program meet **one of the funding focus areas** listed below? Please select the primary focus area that applies.

[ ]  Women and girls live in **safety**.[ ]  Women and girls meet their **basic needs**, including food,  shelter, and access to health care.[ ]  Women and girls have the **education**, opportunity, and self- determination to be **economically secure**.[ ]  Women and girls are empowered to develop and apply  their **leadership** skills personally and professionally. | [ ]  Yes | [ ]  No |

Special consideration will be given to programs that address or promote diversity and inclusion, or that emphasize outreach to underserved populations. Collaborative programs and partnerships among organizations are highly encouraged.

**If you answered NO to any of the questions above, please contact the Women’s Fund prior to completing your application.**

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

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

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

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

**ORGANIZATION INFORMATION**

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

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| --- |
| In two or three SHORT sentences, BRIEFLY tell us who you are and what you do.: |
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| 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 PROJECT INFORMATION**

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| HOW YOU WOULD USE A WOMEN’S FUND GRANT OF $5,000 AND/OR $10,000 TO ADDRESS ONE OF THE 2020 GRANT FUNDING FOCUS AREAS? |
| You may provide an answer for one or both amounts. Please limit your response to *approximately 300* *words* for each question. Note: When making final funding decisions, the Women’s Fund reserves the right to award different amounts of support (more or less than requested). |
| Briefly explain the issue or challenge your program would address if awarded **$5,000**. |
|   |

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| --- |
| Describe the program or project and explain how it addresses the identified issue or challenge you identified.  |
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| Briefly explain the issue or challenge your program would address if awarded **$10,000**. |
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| Describe the program or project and explain how it addresses the identified issue or challenge you identified.  |
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| Please describe how your program/project addresses the unique needs of women and/or girls. |
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| If your program/project promotes diversity and inclusion or emphasizes outreach to underserved populations, please describe how.  |
|   |

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| --- |
| Collaboration is encouraged. Please list any potential partners or collaborators (people/communities/organizations) for your project/program/work. |
|   |

**COMPLETED AND SUBMITTED BY:**

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

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