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 or challenges for women and/or girls?
 | [ ]  Yes | [ ]  No |
| 1. Does the project/program meet **one of the priority areas** listed below? Please select the primary priority area that applies.

[ ]  Continuing education and training[ ]  Life-skills, mentoring and supports[ ]  Mental and emotional wellness | [ ]  Yes | [ ]  No |

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

|  |  |
| --- | --- |
| PROGRAM/PROJECT NAME: |   |

|  |  |  |  |
| --- | --- | --- | --- |
| PROJECT/PROGRAM START DATE: |   | END DATE: |   |

|  |  |  |  |
| --- | --- | --- | --- |
| TOTAL PROGRAM PROJECT BUDGET: |   | AMOUNT REQUESTING: |   |

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

|  |  |
| --- | --- |
| IF FUNDING IS NEEDED BY A SPECIFIC TIME PLEASE INDICATE WHEN: |   |

**ORGANIZATION INFORMATION**

|  |
| --- |
| Please provide your organization's mission and vision statements and a brief overview of your work in the Fox Valley. |
|   |

|  |
| --- |
| 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**

|  |
| --- |
| **Please limit your response to *approximately 300* *words* for each question.** |
|  |
| Explain the issue or challenge you will address if awarded a Women’s Fund grant. |
|   |

|  |
| --- |
| Describe the program or project and explain how it addresses the identified issue or challenge you identified.  |
|   |
| Explain how your project/program addresses the unique needs of women and/or girls using a gender lens. *(When a program uses a gender lens, it examines an issue with a focus on the lived experiences of women and girls and acknowledges the impact that gender has on their opportunities.)* |
|   |

|  |
| --- |
| Describe how this project/program relates to the Women’s Fund **focus** of advancing economic opportunities for women and girls creating financial stability for women and girls to reach their full potential. |
|   |

|  |
| --- |
| Describe how this project/program relates to the Women’s Fund **priority** area you chose on the first page of this application. |
|   |

|  |
| --- |
| If there are any collaborative partners involved in the project/program, please describe their involvement or potential involvement. |
|   |

**COMPLETED AND SUBMITTED BY:**

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

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