Since 2012, The Women’s Fund has been working with area high school girls to participate in a leadership development and grantmaking program, formerly known as the Girls’ Grantmaking Project, now **Girl-Powered Giving**. Earlier this month, female students from high schools in the Fox Valley took part in facilitated activities and discussion about issues impacting girls in our community. The girls are empowered to recommend $10,000 in grant funding to the program(s) that they think will best meet the needs of girls in the Fox Valley.

**Proposals Requested:**

The Girl-Powered Givers seek proposals to address the priority issue they selected listed below. **We invite you to apply for up to $10,000 in funding** for a new or on-going program that will address this priority issue:

**Access to supports to meet basic needs for low-income middle school girls from diverse backgrounds**

The young women discussed that if girls do not have basic supports it is that much harder to be successful. They chose middle school girls because that is the peak years of finding themselves and is a crucial time for their growth and development. They are asking nonprofits to apply that are working to help the girls with immediate needs and resources such as school supplies, transportation, food outside of school, hygiene items, transportation and activity access.

**General Instructions:**

* Submit your application by email in Word Document format to grants@womensfundfvr.org by **Friday, April 12, 2024**.
* Please use the Program Budget form provided.
* Applications will be reviewed on April 24 with an opportunity for a short interview between 4-7pm, more details to come. Keep in mind that **grant recommendations will be made by the girls** with guidance from the Women’s Fund. Make sure your proposal is as clear as possible about how the identified priority will be met in a way that the girls can relate to.
* If your program/project is funded, your cooperation with the Women’s Fund to promote the Girl-Powered Giving program, along with your specific program, is requested.
* A final report will be required 30 days after program completion.

Please direct any questions to the Women’s Fund at grants@womensfundfvr.org.

**CONTACT INFORMATION**

|  |  |
| --- | --- |
| **Organization Name:** |       |
| **Address:** |       |
|  |  |
| **County:** |       |
| **Contact Person:**  |        |
| **Title:** |       |
| **Telephone number:** |       | **E-mail address:** |       |
| **Organization Website:** |       |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Do you have 501 (c)(3) tax-exempt status?** | **[ ]**  | **Yes** | **[ ]**  | **No** |
| **If yes, what is your Federal Tax-Exempt ID # (EIN)?** |       |

**PROJECT INFORMATION**

|  |  |
| --- | --- |
| **Title of program/project:** |       |
| **Grant amount requested:** |       | **Total program/project budget:** |       |
| **Total annual organization operating budget:**       |
| **Start and end dates of the program/project:** |       **to**       | **When are funds needed?** |       |

**ORGANIZATION INFORMATION**

Mission Statement:

Please tell us about your organization, including what services you offer and the population you serve.

**GRANT SUMMARY**

In two to three sentences, what do you hope your program/project will accomplish?

**NARRATIVE QUESTIONS**

Please describe the program and explain how it will address the grant priority area.

What are the goals for the program and what impact do you hope to have?

Who is your target audience for this project/program?

Where will this project/program take place and what geographical area will it cover?

How are you addressing barriers that middle school girls face through this program?

How will you know if the program is successful? If this is an existing program, please describe the outcomes and results you have experienced.

If this is not an existing program, what programs have you created that you believe are successful and what was the effect?

How will you promote your program and identify participants, and how many participants will this program reach in the Women’s Fund service area of Outagamie, Calumet, Shawano, Waupaca, and northern Winnebago Counties?

If funded, how will the grant money be used?

How is your program unique to others?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Submitted by:** | **Name:** |       | **Date:** |       |
|  | **Title:** |       |  |  |

**PROGRAM BUDGET**

|  |  |  |  |
| --- | --- | --- | --- |
| **REVENUE SOURCE** | **PROPOSED/****PENDING** | **APPROVED/****RECEIVED** | **Total** |
| 1. Individual Contributions |       |       |       |
| 2. Corporations (list)       |       |       |       |
| 3. Foundations (list)       |       |       |       |
| 4. United Way (please indicate which location:     ) |       |       |       |
| 5. Government Grants |       |       |       |
| 6. Membership Dues |       |       |       |
| 7. Fees for Service |       |       |       |
| 8. Other (list)       |       |       |       |
| 9. In-Kind Support |       |       |       |
| **\*TOTAL REVENUE** |       |       |       |

|  |  |
| --- | --- |
| **EXPENSES** | **Total** |
| 1. Salaries |       |
| 2. Benefits |       |
| 3. Payroll Taxes  |       |
| 4. Supplies |       |
| 5. Telephone |       |
| 6. Postage & Shipping |       |
| 7. Occupancy (Rent & Utilities) |       |
| 8. Rental & Maintenance of Equipment |       |
| 9. Printing |       |
| 10. Travel |       |
| 11. Other (list)       |       |
| 12. In-Kind Expense |       |
| **\*TOTAL EXPENSES** |       |

\***Total Revenue and Total Expenses should be equal amounts.**

**Budget Notes**: Please use space provided to share any additional information or details regarding your budget that you would like us to know.