

## 2009 Grant Application Information

### The Women's Fund

- exists to enrich the lives of women and girls so they can do the same for others
- provides financial support for projects which
  - **Foster an impact on attitudes and actions that benefit women and girls**
  - **Promote opportunity, health and self-sufficiency for women**
  - **Encourage women and girls to develop as philanthropists**
- does not fund individuals, lobbying, annual campaigns, debt retirement or endowment funds, operating and/or capital expenses.

### Proposals due June 1, 2009.

Mail or deliver the original completed application, with supporting materials listed below, plus 17 copies of the application and 3 sets of supporting material to:

Women's Fund  
La Crosse Community Foundation  
300 N. 2<sup>nd</sup> Street, Suite 320  
La Crosse WI 54601

Feel free to contact Melissa Schultz, Women's Fund of the La Crosse Community Foundation Administrative Coordinator, at 608-386-4136 or by email at [schultz.melissa@charter.net](mailto:schultz.melissa@charter.net) with any questions. To download the application, please visit our website at [www.womensfundlacrosse.org](http://www.womensfundlacrosse.org) (go to the *Grants & Applications* page and click *Women's Fund Grant Application Form*).

### Check List

- \_\_\_ the original, completed application
- \_\_\_ 17 copies of application only (without supporting materials)
- \_\_\_ 3 sets of the following supporting materials:
  - \_\_\_ Mission statement
  - \_\_\_ A list of officers and directors of your organization's governing board
  - \_\_\_ IRS notification of your organization's 501(c)(3) non-profit status
  - \_\_\_ Non-discrimination policy which states that your organization does not discriminate as to age, race, religion, sex, sexual orientation or national origin
  - \_\_\_ The current year's income and expense budget
  - \_\_\_ The most recent audited financial statement or, if an audited financial statement is not available, an auditor's opinion letter
  - \_\_\_ A list of accreditations and affiliations with any other organizations.

**Name of applicant/organization** \_\_\_\_\_

**Address** \_\_\_\_\_

**City** \_\_\_\_\_ **ZIP** \_\_\_\_\_ **Phone** \_\_\_\_\_

**Contact Person** \_\_\_\_\_ **Title** \_\_\_\_\_

**Contact Person's Email** \_\_\_\_\_

**Title of Project** \_\_\_\_\_ **Amount requested \$** \_\_\_\_\_

**Brief description of project** (please use the space available below):

## PROJECT INFORMATION

**Total Project Budget:** \$ \_\_\_\_\_

**Itemized Project Budget** including anticipated sources of income and costs by category (for example, personnel, travel, supplies, staff and board development, childcare for project participants, transportation for project participants):

**Project Period:** From \_\_\_\_\_ to \_\_\_\_\_

**Project Purpose:** What is the purpose of the project and what human or community needs will it address? For example, number of people served, geographic area served, demographic information of target audience (gender, age, income level, etc.).

**Project Outcomes:** List three (3) project goals and desired outcomes.

**Project Appropriateness:** Why is this project an appropriate candidate for Women's Fund funding? Please include how this project will address the goals of the Women's Fund listed on the cover page.

**Project Staff Qualifications:** Who will be conducting the project?

### Other Funding and Information

Has your organization received funds from the Women's in the past? \_\_\_\_\_

If YES, list project(s), year of project, and \$ amount funded.

If this project is only partially funded by the Women's Fund, will you be able to continue with the project?

Do you have other sources of funding for this project and if so, what are they?

If this project is successful, what resources will be available for its continuation?

**Project Evaluation:** How will this project be evaluated?

## INFORMATION ABOUT YOUR ORGANIZATION

Date established \_\_\_\_\_

Number of full-time and part-time employees \_\_\_\_\_

Please attach three sets of the following to the original, completed application only:

- Mission statement
- A list of officers and directors of your organization's governing board
- IRS notification of your organization's 501(c)(3) non-profit status
- The non-discrimination policy which states that your organization does not discriminate as to age, race, religion, sex, sexual orientation or national origin
- The current year's income and expense budget
- The most recent audited financial statement or, if an audited financial statement is not available, an auditor's opinion letter
- A list of accreditations and affiliations with any other organizations.

### AUTHORIZATION

We, the undersigned, authorize this request for a grant from the Women's Fund.

Executive Director \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Signature \_\_\_\_\_

Board Officer/Chief Fiscal Officer \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Signature \_\_\_\_\_