# 100WomenStrong

**Addiction and Recovery Initiative**

## Grant Application Form 2019

**Date of Submission**

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| --- |
|  |

**Organization**

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| --- |
|  |

**Contact Name**

|  |
| --- |
|  |

**Contact Title**

|  |
| --- |
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**Amount Requested**

|  |
| --- |
|  |

**Mailing Address**

|  |
| --- |
|  |

**EIN #**

|  |
| --- |
|  |

**Web Address**

|  |
| --- |
|  |

**Local Contact Email**

|  |
| --- |
|  |

**Contact Phone Number**

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| --- |
|  |

**Total Number of individuals directly aided in this proposed project or program**

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| --- |
|  |

**Total Number of Loudoun County residents who will ultimately benefit from this program**

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| --- |
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**Project Start Date**

|  |
| --- |
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**Project End Date**

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**Is this a new project or an on-going program?**

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**Proposal Request Summary**

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**Current Year Total Operating Budget**

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| --- |
|  |

**Fiscal Year Start**

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| --- |
|  |

**Fiscal Year End**

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| --- |
|  |

**Year Founded**

|  |
| --- |
|  |

**Years Operating in Loudoun**

|  |
| --- |
|  |

**Year of Last Financial Audit**

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| --- |
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**Number of Board Members**

|  |
| --- |
|  |

**How often does your board meet per year?**

|  |
| --- |
|  |

**Percentage of Board Members Who Donate to Organization**

|  |
| --- |
|  |

**Signature of CEO/ED**

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**Signature Date**

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## 

## Organization Information

**Mission Statement (maximum 100 words)**

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**What population does your organization serve? Example: youth, elders, etc...**

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| --- |
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**In total, how many residents does your organization serve each year in the area of addiction and recovery?**

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| --- |
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**Describe the overall impact of your organization (maximum 250 words)**

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**Describe significant projects, recognition and awards (maximum 200 words)**

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## Proposed Project

**Fully describe the proposed project. Provide detail on the need being addressed, application of evidence-based or best practices, activities to accomplish your goals, and anticipated results (maximum 500 words)**

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**List three specific and measurable goals/objectives to be achieved in this project and specific methods to ensure outcomes (maximum 250 words)**

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**Do you have any experience with this project or similar projects? How did that go?**

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**Describe key staff or volunteers implementing proposed project and their qualifications**

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**Provide a timeline and benchmarks for your project (maximum 150 words)**

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**Name partners, collaborators, and number of volunteers anticipated for this project (maximum 150 words)**

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**Please attach MOU or letter of support related to this project from partner organization if applicable**

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**Do you plan to leverage funds from 100WomenStrong for this project? If so, how? (maximum 100 words)**

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|  |

**How will you sustain this project at the end of grant funding? (maximum 100 words)**

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|  |

**Other than 100WomenStrong what other sources have you requested funding for this project?**

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|  |

**If full funding is not granted, will you still pursue this project? If yes, what is the minimum amount required?**

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| --- |
|  |

## Budget Form

**PROJECT TITLE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Fill in or *change* all line items, providing descriptions for each line item, if necessary.

|  |  |
| --- | --- |
| **Expense Items:** | **Budget** |
| Equipment |  |
| Personnel Costs |  |
| Supplies |  |
| Transportation |  |
| Volunteer time (use the IRS figure of $24.69 per hour!) |  |
| Other (add additional rows as needed) |  |
| ***Total Expenses*** | $ |

|  |  |
| --- | --- |
| **Income Sources:** | **Budget** |
| Amount Requested from 100WomenStrong Addiction and Recovery Initiative |  |
| Volunteer time (to get your budget to balance, it must show up both as *income & expense*) |  |
| Other funding source(s) (explain in your narrative, if necessary)  Add additional rows as needed |  |
|  |  |
| ***Total Income (must equal Total Expenses)*** | $ |

## Application Checklist

1. **Completed application form**
2. **Completed project budget form**
3. **List of Board of Directors**
4. **Most recent 990 Form**
5. **IRS letter of determination (unless most recent copy is on file at the Community Foundation)**
6. **List of last two years corporate and foundation gifts and grants**
7. **Most recent copy or organization’s financial review and audit.**
8. **MOU (Memorandum of Understanding) or letter of support related to this project from partner organization (if applicable)**

**Please attach all the information above before submitting. You will receive a confirmation email response within 2 hours if your submission went through successfully. If you do not, please try again and then contact Pam Ray -** [**Pam@onehundredwomenstrong.org**](mailto:Pam@onehundredwomenstrong.org) **with any questions.**