# 100WomenStrong

## Grant Application Form 2020

**Date of Submission**

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| --- |
|  |

**Organization**

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| --- |
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**Contact Name**

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**Contact Title**

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**Amount Requested**

|  |
| --- |
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**Mailing Address**

|  |
| --- |
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**EIN #**

|  |
| --- |
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**Web Address**

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| --- |
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**Contact Email**

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**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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**Project Start Date**

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**Project End Date**

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| --- |
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**Current Year Total Operating Budget**

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| --- |
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**Fiscal Year Start**

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**Fiscal Year End**

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**Year Founded**

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| --- |
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**Years Operating in Loudoun**

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| --- |
|  |

**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?**

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| --- |
|  |

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

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| --- |
|  |

**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?**

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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

**Grant request summary (maximum 150 words)**

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**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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**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)
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?**

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

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## Project Budget

**Provide a narrative to explain your budget and detail other sources of funding (maximum 250 words)**

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**100WomenStrong**

 **BUDGET FORM ~ 2020**

**Organization Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**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 $25.43 per hour!) |   |
| Other (add additional rows as needed) |  |
| ***Total Expenses*** | $  |

|  |  |
| --- | --- |
|  **Income Sources:** | **Budget** |
| Amount Requested from 100WomenStrong |   |
| 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. **List of Board of Directors**
3. **List of last two years corporate and foundation gifts and grants**
4. **MOU or letter of support related to this project from partner organization (if applicable)**
5. **Most recent 990 Form <form 990>**
6. **IRS letter of determination (unless most recent copy is on file at the Community Foundation)**
7. **Most recent copy or organization’s financial review and audit.**

**Please attach all the information above before submitting.**

**SUBMIT TO: Grants2020@onehundredwomenstrong.org**

**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** **with any questions.**