## **APPLICATION**

1.	. Innovation Project Name:	
2.	Organization Name:	
3.	Organization's Mission:	
4.	Organi	zation's Address:
5.	Organization's phone number:	
6. Information about your organization		ation about your organization
	a.	Name of Executive Director/President:
	b.	Email address for Executive Director/President:
	C.	Federal Tax ID number, unless with fiscal sponsor:
7.	If applicable, information about your fiscal sponsor	
	a.	Name of Executive Director/President:
	b.	Email address for Executive Director/President:
	C.	Federal Tax ID number:
<ol><li>Information about the person responsible for this project and who w report</li></ol>		nation about the person responsible for this project and who will submit the final
	a.	Name:
	b.	Email address:
	C.	Phone number:
9.	Total F	Project Budget:
10.	Amour	nt requested from the CFWO: \$10,000
11.	11. Estimated number of women and/or girls impacted by the amount requested from the	

<u>Please answer the following points in the space provided below</u>. Please do not attach additional pages, though you may use #5 to add "Additional Comments" if you need more space for your response to any of the below points.

1. Provide a brief paragraph describing the project for which funds are being sought. Include project goals, history if appropriate, specific activities and target population. (Please do not include names of clients.)

2. Provide a statement of need for this project. Describe how the project will address this need and how it will improve the lives of women and girls.

- 3. Include a timeline for the use of CFWO funds. The award is made in May 2020; funds may be used until June 1,2021.
- 4. Provide an explanation of the process that will be used to evaluate the project and to determine if the project has met its goals.

5. Include names of organizations or individuals with whom you will collaborate on the implementation of this project and specify what activities will be provided by each partner, and/or Additional Comments (if any):