

APPLICATION

1. Innovation Project Name: _____

2. Organization Name: _____

3. Organization's Mission: _____

4. Organization's Address: _____

5. Organization's phone number: _____

6. **Information 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: _____

8. **Information about the person responsible for this project and who will submit the final report**

a. Name: _____

b. Email address: _____

c. Phone number: _____

9. Total Project Budget: _____

10. Amount requested from the CFWO: \$10,000

11. Estimated number of women and/or girls impacted by the amount requested from the CFWO:

Signature of Executive Director/President
of applying organization

Date

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):