

Grant Application Applications are due the last Friday in September at 5pm

- Applicants are expected to read and understand the "Guidelines and Tips" for CFWO Grants as listed on the WomenBuildingCommunity.org website before completing this application.
- Applications that do not meet the minimum requirements as stated in the guidelines will not be reviewed.
- Applicants must provide a copy of the organization's most recent annual income and expense statement.
- Applications for unexpected needs grants must complete a different application, available at WomenBuildingCommunity.org

10. Please submit a separate attachment with the names of the members of your Board of Directors.

Section I: ORGANIZATION INFORMATION

| 1. | Name: |
|----|---|
| 2. | Address: |
| 3. | Phone number: |
| 4. | Name of Executive Director/President: |
| 5. | Email address for Executive Director/President: |
| 6. | Federal Tax ID number of your organization: |
| 7. | Name of person responsible for this project and who will submit the final report: |
| 8. | Email address of person responsible for this project: |
| 9. | Phone number of person responsible for this project: |

| 11. | Are you 501©(3)? Yes No If not, explain: | | | | | |
|-----|--|--|--|--|--|--|
| 12. | 12. If you have a fiscal sponsor, please provide the following: | | | | | |
| | a. Name of Executive Director/President: | | | | | |
| | b. Email address for Executive Director/President: | | | | | |
| | c. Federal Tax ID number of fiscal sponsor: | | | | | |
| | d. Is your fiscal sponsor a 501©(3)? Yes No If not, explain: | | | | | |
| | e. Include a letter from your fiscal sponsor, signed by their Director, indicating they are responsible for | | | | | |
| | overseeing your expense and the submission of your final report. | | | | | |
| Sec | Section II: PROJECT DESCRIPTION | | | | | |
| 1. | Grant Project Name: | | | | | |
| 2. | Is this a new or continuing project? New Continuing | | | | | |
| Con | Please check which of the following community need(s) your project will address: nmunity Development and Engagement: Activities that increase participation of women and/or girls in the elopment of programs that enhance community life or cooperation among neighbors. | | | | | |
| | cation, Youth Development, Career Development: Activities that promote or strengthen the education of women /or girls, both in and out of the classroom. | | | | | |
| Ger | der Equity: Activities that address gender-equity issues. | | | | | |
| Hea | Ith: Activities that improve access to physical and mental health and outcomes of women and/or girls. | | | | | |
| | nan Services: Activities that support public safety, employment, food and nutrition, affordable housing and shelter, rdable childcare, disaster preparedness, and other relief for women and/or girls. | | | | | |
| Soc | al Justice: Activities that seek to remove systemic barriers and obstacles to social equity for women and/or girls. | | | | | |
| 4. | What specific activities will your project provide to meet this goal and community needs? | | | | | |
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| 5. | What are the expected outcomes or changes for the participants? | | | | | |

| 6. | Who is the target audien | ce? | | |
|-----------------------|--|---|---|--|
| 7. | Approximately how man | y women and/or girls will be ser | ved as participants? | |
| N N Se D | leasure number of particip leasure way participation eek oral feedback from pa | changed rticipants participants such as surveys or | | |
| CFV 1. su in | In the space below, enter upporting this project. App | available in December and mus e a 12-month itemized project be licants are required to list funds whole organization; annual inco | t be spent in the following calend udget, including funds from CFW from all other sources associated me and expenses for your organi | O and any other sources I with this project. Do not |
| | Expense Item | Amount of expense to be supported by CFWO Funds (in dollars) | Amount of funds from other sources supporting this expense (in dollars) | Total Expense (in dollars) |
| 1a. | Totals What are the names of org | ganizations providing the other t | funds as listed for this project? | |
| | | | | |

| 2. Do you expect to fully spend CFWO funds by December 31 st of the award year? Yes No If no, explain: |
|--|
| 3. How would the project proceed if the proposed project budget receives only partial funding from the CFWO? |
| 4. Is there anything else the grant reviewers should know about this project or organization? |
| 5. Signature of Executive Director/President of applying organization: |
| 6. Date of Signature: |
| Disclaimer: CFWO includes information about the projects we have supported on our website as a way of helping future applicants understand the wide range of programs that we fund and the ways in which our grants have benefitted the community. By checking this box, you agree to CFWO posting information about your project. |

Along with your application, please submit the following:

Most recent annual income and expense statement

Submit this application and attachments to Grants@WomenBuildingCommunity.org

1. List of names of your Board of Directors

Save a copy of this application for your records.