



# The Women's Fund Grant Application - Long Form

**FOR GRANT REQUESTS IN EXCESS OF \$501**

Date of Request: \_\_\_\_\_ Amount Requested: \$ \_\_\_\_\_

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

Organization Address: \_\_\_\_\_

Executive Director: \_\_\_\_\_ Phone: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_  
(if different from Executive Director)

Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Organization Type: Public ( ) Private ( ) Total Membership: \_\_\_\_\_

Nonprofit? yes ( ) ; no ( ) Federal Tax Exempt? yes ( ) ; no ( ) . If yes, indicate number: \_\_\_\_\_

Brief statement of your organization's purpose: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Project Name: \_\_\_\_\_

Purpose of Grant: \_\_\_\_\_

Dates of proposed project: from \_\_\_\_\_ to \_\_\_\_\_

**Project Financing**

Total Project Cost: \$ \_\_\_\_\_

Amount Requested: \$ \_\_\_\_\_

Amount Funded by Others: \$ \_\_\_\_\_

Geographic Area Served: \_\_\_\_\_

1) \_\_\_\_\_  
*Signature, Title* *Date*

2) \_\_\_\_\_  
*Signature, Executive Director* *Date*



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### A. NARRATIVE

#### 1. Executive Summary

- Begin with a half-page executive summary. Briefly explain why your agency is requesting this grant, what outcomes you hope to achieve, and how you will spend the funds if the grant is made.

#### 2. Purpose of Grant

- Statement of needs/problems to be addressed; description of target population and how they will benefit.
- Description of project goals, measurable objectives, action plans, and statements as to whether this is a new or ongoing part of the sponsoring organization.
- Timetable for implementation.
- Who are the other partners in the project and what are their roles?
- Acknowledge similar existing projects or agencies, if any, and explain how your agency or proposal differs, and what effort will be made to work cooperatively.
- Describe the active involvement of constituents in defining problems to be addressed, making policy, and planning the program.
- Describe the qualifications of key staff and volunteers that will ensure the success of the program. Are there specific staff training needs for this project?
- Long-term strategies for funding this project at end of grant period.

#### 3. Evaluation

- Plans for evaluation including how success will be defined and measured.
- How evaluation results will be used and/or disseminated and, if appropriate, how the project will be replicated.
- Describe the active involvement of constituents in evaluating the program.

#### 4. Budget Narrative/Justification

- Grant budget; use the Grant Budget Format that follows, if appropriate.
- On a separate sheet, show how each budget item relates to the project and how the budgeted amount was calculated.
- List amounts requested of other foundations, corporations and other funding sources to which this proposal has been submitted.
- In the event that we are unable to meet your full request, please indicate priority items in the proposed grant budget.

#### 5. Organization Information

- Brief summary of organization's history.
- Brief statement of organization's mission and goals.
- Description of current programs, activities and accomplishments.
- Organizational chart, including board, staff and volunteer involvement.

### B. ATTACHMENTS:

- A copy of the current IRS determination letter indicating 501(c)(3) tax-exempt status.
- List of Board of Directors with affiliations.
- Finances
- Organization's current annual operating budget, including expenses and revenue.
- Most recent annual financial statement (independently audited, if available; if not available, attach Form 990).
- Letters of support should verify project need and collaboration with other organizations.
- (Optional) Annual report, if available.

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**Community Foundation of Greater Rochester – Women's Fund**

P.O. Box 80157, Rochester, MI 48308 (248) 812-0763

email: [womensfundrochester@gmail.com](mailto:womensfundrochester@gmail.com) [www.womensfundrochester.org](http://www.womensfundrochester.org)



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### Grant Budget

Below is a listing of standard budget items. Please provide the project budget in this format and in this order.

- A. Organization fiscal year: \_\_\_\_\_
- B. Time period this budget covers: \_\_\_\_\_
- C. Expenses: Include a description and the total amount for each of the following budget categories, in this order.

	<b>Amount requested from this organization</b>	<b>Total project expense</b>
Salaries	\$ _____	\$ _____
Payroll Taxes	\$ _____	\$ _____
Fringe Benefits	\$ _____	\$ _____
Consultants and Professional Fees	\$ _____	\$ _____
Insurance	\$ _____	\$ _____
Travel	\$ _____	\$ _____
Equipment	\$ _____	\$ _____
Supplies	\$ _____	\$ _____
Printing and Copying	\$ _____	\$ _____
Telephone and Fax	\$ _____	\$ _____
Postage and Delivery	\$ _____	\$ _____
Rent	\$ _____	\$ _____
Utilities	\$ _____	\$ _____
Maintenance	\$ _____	\$ _____
Evaluation	\$ _____	\$ _____
Marketing	\$ _____	\$ _____
Other (specify)	\$ _____	\$ _____
<b>Total amount requested</b>	<b>\$ _____</b>	<b>Total expenses \$ _____</b>

- D. Revenue: include a description and the total amount for each of the following budget categories, in this order. Please indicate which sources of revenue are committed and which are pending.

	<b>Committed</b>	<b>Pending</b>
1. Grants/Contracts/Contributions	\$ _____	\$ _____
Local Government	\$ _____	\$ _____
State Government	\$ _____	\$ _____
Federal Government	\$ _____	\$ _____
Foundations (itemize)	\$ _____	\$ _____
Corporations (itemize)	\$ _____	\$ _____
Individuals	\$ _____	\$ _____
Other (specify)	\$ _____	\$ _____
2. Earned Income	\$ _____	\$ _____
Events	\$ _____	\$ _____
Publications and Products	\$ _____	\$ _____
3. Membership Income	\$ _____	\$ _____
4. In-Kind Support	\$ _____	\$ _____
5. Other (specify)	\$ _____	\$ _____
<b>Total Revenue</b>	<b>\$ _____</b>	<b>\$ _____</b>



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