**APPLICATION FOR GRANT FUNDING**

**WOMEN INSPIRED NETWORK**

**2023 PROGRAM YEAR**

Name of the Program: Click or tap here to enter text.

Regions Program will Serve: Click or tap here to enter text.

**To be eligible for this grant, the program must be available to residents of LaSalle, Bureau, Putnam, Marshall and / or Livingston Counties. The program does not have to be offered in all five counties.**

Organization Name: Click or tap here to enter text.

Address: Click or tap here to enter text.

City / ST / Zip: Click or tap here to enter text.

EIN: Click or tap here to enter text.

Website:Click or tap here to enter text.

Amount Requested: Click or tap here to enter text.

Total Program Budget: Click or tap here to enter text.

**Applicant Contact Information**

Name & Title: Click or tap here to enter text.

Email Address: Click or tap here to enter text.

Phone Number: Click or tap here to enter text.

**Leadership Contact Information**

Name and Title: Click or tap here to enter text.

Email Address: Click or tap here to enter text.

Phone Number: Click or tap here to enter text.

Type of Organization:

[ ]  Non-Profit designated by the IRS as a 501(c)(3)

[ ]  Operating under fiscal sponsorship of a 501(c)(3)

[ ]  Municipal, County, State or Federal Government Agency / Entity

[ ]  Public School or College / University

[ ]  Church, Synagogue, Mosque, or other place of worship

[ ]  Other **(If selected, your organization MAY NOT be eligible to receive a grant from the Women Inspired Network Giving Circle. Please call 815-252-2906 before proceeding with the application process.)**

This is:

[ ]  A Pilot Program

[ ]  An Existing Program

[ ]  A new program for our organization that has been used elsewhere.

Checklist for Attachments:

[ ]  List of the Organization’s Board of Directors, including phone numbers and email addresses

[ ]  Copy of IRS Letter of Determination of Tax-Exempt Status

NOTE: This is different than the State of Illinois tax-exempt letter, which is not proof of 501(c)(3) status. If, due to the nature of your organization, you do not have an IRS Letter of Determination, attach a statement that your organization fits into one of the classifications listed above.)

[ ]  Budget for this program only. Income and Expenses must equal one another.

[ ]  Submit the completed application prior to the **DEADLINE, Friday, September 29th, 2023, at 4:00 pm.**

**ALL APPLICATIONS MUST BE TYPED**. They will be reviewed by the Grants Committee for completeness and accuracy, and a member will notify you if your application is selected to move forward. The next step includes a presentation of your case for support to the full membership on **Thursday, October 26th, 2023**. All founding and sustaining members will vote for the final recipient(s) after the presentation meeting. The winners will be announced, and funding will be awarded during the annual Celebration of Giving on **Saturday, December 2nd, 2023**.

**ORGANIZATION BACKGROUND: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Describe the organization’s mission, major programs, and accomplishments: Click or tap here to enter text.

Provide a summary of the organization’s history: Click or tap here to enter text.

**PROPOSAL: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Name of the Program: Click or tap here to enter text.

How does this program fit the WIN GRANT focus (Programs that seek to inspire, empower, and benefit women and children)? Provide a short summary of what the program entails. Click or tap here to enter text.

1. How does this program fit the mission of the organization it will support? Click or tap here to enter text.
2. Provide a specific description of the target population. Click or tap here to enter text.
3. How many people do you expect to participate in the program? Click or tap here to enter text.
4. Who will direct and who will conduct the program? Click or tap here to enter text.What are their qualifications? Click or tap here to enter text.
5. When will the program begin? Click or tap here to enter text. If the program is underway, enter the date it began. Click or tap here to enter text.
6. What is the expected ending date of the program? Click or tap here to enter text. If the program will be ongoing, enter 12/31/2024.
7. Which is the date by which grant money, if awarded must be expended? Click or tap here to enter text.
8. What is the primary goal of the program? (A goal is a long-term aim you wish to accomplish which may or may not be achieved within the grant period. The goal answers the question, “What would we like to see happen because of this program? Example: “All 5th grade girls at Putnam County Primary School will have positive self-image as they prepare to enter middle school.”) Click or tap here to enter text.
9. Identify two objectives of the program. There may be many more than two. Chose those you feel are most important to reaching the goal. (Objectives are targets that move you toward the stated goal of your program. They are characterized by the acronym SMART (specific, measurable, achievable, relevant, and time-bound). Example: “80% of fifth grade girls will self-identify as leaders by the end of the school year.” Click or tap here to enter text.

**OBJECTIVE #1**:

List proposed activities, both planning and direct service, that will support Objective #1. Click or tap here to enter text.

How will you determine if Objective #1 has been achieved? Click or tap here to enter text.

Describe the specific measurements you will use, such as pre- and post-program questionnaires, schedules or tests, reports, from teachers / parents, interviews, etc. Click or tap here to enter text.

**OBJECTIVE #2**:

List proposed activities, both planning and direct service, that will support Objective #2. Click or tap here to enter text.

How will you determine if Objective #2 has been achieved? Click or tap here to enter text.

Describe the specific measurements you will use, such as pre- and post-program questionnaires, schedules or tests, reports from teachers / parents, interviews, etc. Click or tap here to enter text.

**RATIONALE AND SUSTAINABILITY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**FUNDING AND RESOURCES**:

If this is an existing program, how long have you received funding, from whom, an in what amount? (Enter n/a if this is not an existing program. Funding sources can include line items in your organization’s budget.) Click or tap here to enter text.

Have you applied for other grants to support this program? Click or tap here to enter text.

If so, to whom have you applied, in what amount, and when is a decision expected? Click or tap here to enter text.

Aside from grants, are there other anticipated sources for this program such as in-kind gifts, special events or fundraisers? Click or tap here to enter text. If yes, please describe. Click or tap here to enter text.

**BUDGET: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Document the budget for this program only, not for the entire supporting organization. Income and expenses must be equal. A separate sheet may be attached. Click or tap here to enter text.

**WARRANTY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

The supporting organization does not discriminate on the basis of race, color, religion, age, gender identification, national origin, sexual orientation, or disability in accordance with applicable Federal and State of Illinois laws.

[ ]  True [ ]  False

Any funds received for this program will be used for the stated charitable purpose outlined in this application and in accordance with the terms and conditions stipulated in the Grant Agreement I will receive, including submission of required reports by their due dates.

[ ]  Yes [ ]  No

Should this program not be funded now, my organization authorizes the Starved Rock County Community Foundation to share this proposal, in its entirety, with other funding sources at its discretion. NOTE: A “no” response is permissible.

[ ]  Yes [ ]  No

By signing my name in the space below, I affirm that I am an authorized representative of the charitable organization named in this application. I further affirm that this application is submitted with the full knowledge and consent of the organization’s leader listed in the Contact Information section of this application.

APPLICANT SIGNATURE:

DATE: Click or tap here to enter text.

NOMINATION MADE BY WIN MEMBER (if applicable): Click or tap here to enter text.

DATE: Click or tap here to enter text.

RECEIVED AT SRCCF BY: Click or tap here to enter text.

DATE: Click or tap here to enter text.