

KENOSHA COMMUNITY FOUNDATION

The Women's Fund

To promote and support programs that create opportunities for women and children through responsive philanthropy and community involvement.

2010 GRANT APPLICATION FORM

[If an internally-produced Grant Application Form is prepared by the applicant, please be certain that it is identical to the blank Grant Application Form provided by the Foundation (including the Checklist and all Organization Information, which should be completed in full).]

CHECKLIST

(Please place a checkmark for each item to verify that the Grant Application requirements have been fulfilled:)

- Applicant agency has a non-discrimination policy.
- Most recent financial audit **or** IRS Form 990 is attached.
- IRS determination letter is attached.
- Governing body has authorized grant application.
- Grant Application Form is complete and signed by an officer of the governing body; 6 copies are attached.
- Grant Application Narrative is complete; 6 copies are attached.
- 6 copies of the following requirements are attached:
 - Complete list of the organization's officers and directors.
 - Statement of actual income and expenses for the past fiscal year.
 - Income and expense budget for the current fiscal year.

Signature of Organization Representative completing checklist

APPLICANT ORGANIZATION INFORMATION

Organization Name _____

Complete Mailing Address _____

City/State/Zip Code _____

Chief Staff Officer _____ Phone number _____

Project Contact Person _____ Phone number _____

Fax number _____ Email address _____

Address (if different from Mailing Address above) _____

Applicant Organization: _____

Date organization was established _____

Organization's **total** operating budget for: past year \$ _____ current year \$ _____

Has the governing board approved a policy which states that the organization does not discriminate as to age, race, religion, sex, or national origin? yes _____ no _____

Does the organization have federal tax exempt status? yes _____ no _____ If no, please explain:

PROJECT INFORMATION (for which Foundation funds are requested)

Total proposed project budget \$ _____ Grant amount requested \$ _____

Project description: _____

Other sources and amounts of project income, including in-kind support: _____

Specific use of Foundation grant if funded: _____

Description of population to be served by project, including total number and other significant characteristics:

What geographic area does this project target? _____

Duration of project: from _____ to _____

This application must be signed by an officer of the organization's governing body:

Signature

Title

Complete and submit Grant Application Form, Narrative, and attachments, with specified number of copies, to:
The Women's Fund
Kenosha Community Foundation, HarborView Office Center, 600 52nd Street, Suite 110, Kenosha, WI 53140
Phone: (262) 654-2412; FAX: (262) 654-2615; email: eganschaw@kenoshafoundation.org

To be considered for the 2010 Grants cycle, applications must be received at the Foundation office by no later than:

4:00 P.M. on Friday, March 5, 2010.

KENOSHA COMMUNITY FOUNDATION
The Women's Fund
GRANT APPLICATION NARRATIVE

PLEASE PROVIDE THE FOLLOWING INFORMATION IN NARRATIVE FORM, IN THE FORMAT AS OUTLINED. (Please confine the narrative to two pages maximum.)

I. Organization Information (Please provide a brief summary of):

- A. Your organization's name, mission and goals, and major accomplishments.
- B. How this project relates to your organization's mission.
- C. Your total number of paid staff and volunteers, and the number to be employed in this project.
- D. The population generally served by your organization, including total number and characteristics, and the principal geographic area served by your organization.

II. Project/Program Description (Please specify):

- E. How your program relates to the purpose of The Women's Fund: to promote and support programs that create opportunities for women and children through responsive philanthropy and community involvement.
- F. Project outcomes that you plan to achieve.
- G. What strategies will be used to achieve the proposed outcomes.
- H. Any linkages or collaborations with other organizations and how they will help to achieve outcomes.

III. Evaluation Methods (Please outline):

- I. How progress will be tracked.
- J. How outcomes will be measured.
- K. Frequency of progress reports.

IV. Funding Considerations (Please describe):

- L. Plans for obtaining any other funding needed for project.

Please submit **six (6) copies** of the Grant Application Form, with **six (6) copies** of the following attachments:

1. Grant Application Narrative following the format as outlined.
2. A complete list of the organization's officers and directors.
3. Statement of actual income and expense for the **past** fiscal year.
4. Income and expense budget for the **current** fiscal year.

Please submit **one (1) copy** of the following attachments:

1. The organization's most recent audited financial statements, **or** your IRS Form 990.
2. Your IRS federal tax exemption determination letter.