**2021 THE FUND FOR WOMEN & GIRLS**

**Grant Application**

**Date Due: August 1, 2021**

Thank you for applying to The Fund for Women & Girls, a special initiative of The Foundation for Enhancing Communities. Please tell your story clearly and concisely. Attachments are required; follow all directions. Failure to answer questions, utilize this template, or attach required documents will disqualify your application. **Answer all questions using information that applies to the project seeking support of grant funds.** Contact Andrea Iguina, Program Offer for Community Investment, at 717-236-5040 or aiguina@tfec.org with questions.

**APPLICANT SNAPSHOT**

**Applicant Organization Name**

Click or tap here to enter text.

*Provide your organization’s name as currently recognized by the IRS*

**Check box if the Applicant Organization Name above is a “Doing Business As” name and the provided 501c3 letter states a different name*.*** To be recognized by the “Doing Business As” name, attach ONE legal document using the provided name. If not provided, TFEC will use the 501c3 name.

**Check box if the Applicant Organization uses a Fiscal Sponsor and provide name here**

Click or tap here to enter text.

**Name, Title, Email, Phone of Executive Leader**

Click or tap here to enter text.

*All contracts and notifications of grant status will be addressed to the individual provided here*

**Applicant Organization’s Physical Address**

Click or tap here to enter text.

**Applicant Organization’s Address for Mailed Communications**

Click or tap here to enter text.

*All contracts and notifications of grant status will be sent to the address provided here*

**Name, Title, Email, Phone of Contact Completing Application**

Click or tap here to enter text.

*If application questions arise, this individual will be contacted by TFEC staff*

**Counties to be served as part of project; check all that apply.**

Cumberland  Dauphin  Franklin  Lebanon  Northern York (Dillsburg Area)  Perry

**Projected Number of Individuals to be served by project**

\_\_\_\_\_\_\_\_\_­­­\_\_\_ Total number of WOMEN served

\_\_\_\_\_\_\_\_\_\_\_\_ Total number of GIRLS (ages 17 and under) served

\_\_\_\_\_\_\_\_\_\_\_\_ Total number of ALL INDIVIDUALS served by the project

*If above data is not appropriate to project, be sure to fully state the audience type and numbers to be served in Question 2 of the Project Narrative.*

**Applicant Organization Mission Statement**

Click or tap here to enter text.

**PROJECT NARRATIVE**

*Answer questions 1-5 clearly and concisely; no limit (except for question 1 and Project Snapshot)*

**PROJECT TITLE**

Click or tap here to enter text.

**PROJECT NARRATIVE; LIMIT TWO (2) PAGES**

**1.**  The mission of The Fund for Women & Girls is to broaden the awareness of and respond to issues affecting women and girls through the power of collective philanthropy. To further its mission, the Fund for Women & Girls utilizes four Funding Priorities which seek to support projects that advance the lives of girls and women by:

* Providing opportunities to address basic needs or develop economic self-sufficiency
* Strengthening and/or providing health and safety programs for women and girls
* Promoting the education of women and girls.

AND/OR

* Investing in systems and sustainable change efforts in diversity, equity, and inclusion

Describe the proposed project, the geographic area it will serve, and the audience to be served; state why this audience was selected. Include the number of individuals to be served and within this total, clearly state how many women and/or girls will be served. If the project is coeducational, explain how the project will specifically address the needs of women and girls. You MUST state how your project serves the mission of The Fund for Women & Girls and which Funding Priority or Priorities it addresses. You MUST use and complete the following statement within your answer, “Grant funds will be used to \_\_\_\_\_\_\_\_\_\_\_\_\_”.

Click or tap here to enter text.

**FUNDING**

**2.** Restate the amount you are seeking through this grant opportunity and describe any other funding sources and amounts. If this proposal is not funded at the level requested, will you be able to implement the project as stated? Explain as needed.

Click or tap here to enter text.

**PROJECT SUCCESS**

**3.**  What will project success look like and how will project success be measured and documented (i.e.: how will you know the project is successful? Are you collecting value statements, numbers served, surveys, photos, before and after images, or using other methods)?

Click or tap here to enter text.

**ACCESS & INCLUSION**

**4.** TFEC believes that all voices are vital for our region’s future. We promote equity and embrace the diversity of individuals, ideas, and expressions. As a community foundation, no person may be excluded from services or participation supported by TFEC grant funds because of ethnicity, race, age, gender identity and expressions, sexual orientation, national origin, economic status, physical and mental abilities, veteran status, marital status, resident immigration status, philosophy and religion, or any other discriminatory reason. Complete the checklist below.

**The applicant organization affirms that the proposed project/program seeking funding support will or will not serve the following:**

**We will serve** **We will not serve**

All races

All ages

All gender identity/expressions

All sexual orientations

All national origins

All economic backgrounds/circumstances

All physical and/or mental abilities

All veteran status

All marital status

All immigration status

All philosophy/religion

If service is not provided to a specific group, you must explain below. If your local practice differs from a national mission, please state. All applicants are strongly encouraged to supplement their checklist with narrative information to more fully describe efforts to ensure that all eligible participants experience the best possible services or outcomes.

Please note that programs/projects that strive to serve a defined population are not considered non-inclusive as long as the program/project is inclusive of those within the defined population. *EXAMPLE 1 of 2: A program/project which seeks to provide meals to youths ages 10-14 attending an after school program in Harrisburg would not be viewed as non-inclusive for not providing meals to adults ages 20-24 in Harrisburg, but is expected to serve all youths ages 10-14 who attend the Harrisburg after school program. EXAMPLE 2 of 2: A program/project which provides meals to youths attending an after school program in Harrisburg would be viewed as non-inclusive if youths were excluded from participation due to a discriminatory reason.*

Click or tap here to enter text.

**PROJECT SNAPSHOT**

**5.** Give a brief overview that describes your project in 200 words or less.

Click or tap here to enter text.

**BUDGET WORKSHEET**

*Complete the Budget Worksheet below; a Project Total is required.*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **ITEM OR SERVICE**  *Examples include: Contracted Services, Equipment, Personnel, Supplies; list your own as appropriate.* | **DESCRIPTION OF ITEM OR SERVICE** | **REQUESTED GRANT FUNDS**  *List where funds sought through this grant opportunity will be applied.* | **OTHER FUNDING SOURCES**  *List the names and amounts of all other funding sources.* | **PENDING, COMMITTED, OR**  **RECEIVED**  *Using a P, C, or R, indicate the status of all funding sources*. | **$ TOTALS**  *Add across to provide a total for each row. Total columns as indicated in bottom row.* |
|  |  | $ |  |  | **$** |
|  |  | $ |  |  | **$** |
|  |  | $ |  |  | **$** |
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|  |  | $ |  |  | **$** |
|  |  | $ |  |  | **$** |
|  |  | $ |  |  | **$** |
| **TOTALS** | | **$**  **Total: Requested Grant Funds** | **$**  **Total: Other Funding Sources** |  | **$**  **PROJECT TOTAL** |

**2021 THE FUND FOR WOMEN SIGN & SUBMIT FORM**

**Provide signatures from the applicant organization, below. Both organization representatives must sign.** If the same individual fulfills both roles, sign in both spaces. By providing your original OR digital signature below, you agree that the provided information in this application is true to the best of your knowledge and may be submitted for review. Completion of this form is one component of your Complete Application.

**President/CEO** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Click or tap here to enter text.

Ink Signature Digital Signature

**Board President** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Click or tap here to enter text.

Ink Signature Digital Signature

**REQUIRED MATERIALS TO BE SUBMITTED BY 4PM ON THE DEADLINE DATE**

*All grant materials must be submitted through the TFEC online application system by 4pm on the deadline date. This grant opportunity does not utilize delivered or mailed materials.*

**Complete Application:** Applicant Snapshot, Project Narrative, Budget Worksheet, and Sign & Submit Form with original or digital signatures.

**Board of Directors List:** Professional affiliations (ie: work positions and/or titles as applicable) must be included.

**No more than THREE letters of support with original signatures. Letters of support are OPTIONAL FOR THIS GRANT OPPORTUNITY but must be received by the deadline date.** Letters of support from the applicant organization’s Board of Directors will not be accepted. Identical form letters are discouraged.

**Applicants who utilize a FISCAL SPONSOR** must include a letter signed by the Executive Leader of the Fiscal Sponsor organization indicating agreement to serve as the Fiscal Sponsor. An original or digital signature is required.

**IRS 501(c)(3) determination letter.**

**1st Page of Applicant Organization’s Most Recent 990.** If 990 is not available, or your organization files a 990-N (e-Postcard), provide applicant organization’s most recent audit or financial statement.

**QUESTIONS**

If you should have any questions regarding this form or TFEC grant opportunities, contact Andrea Iguina-Pérez, Program Officer for Community Investment, at [aiguina@tfec.org](mailto:aiguina@tfec.org) or 717-236-5040.