

**Women to Women Giving Circle Grant Application**

**Organization**

**Women to Women Giving Circle Grant Application**

**Please make sure you have read the Women to Women Grant Information Sheet available on Illinois Prairie Community Foundation's website at <https://ilprairiecf.org/fall-grants>. That document provides valuable information on the grant process, expectations and deadlines.**

Lead Organization		
Lead Organization Name		
Address		
City	State <Select One>	Postal Code
Phone		
Indicate you organization's designation/auspices <i>Note: If you selected "Other," your organization may not be qualified to receive a grant from the Women to Women Giving Circle of Illinois Prairie Community Foundation. Call (309) 662-4477 before proceeding with your application.</i>		
Tax ID or EIN <i>(ex: 12-3456789)</i>	Organization Type	
Website		
Provide a brief summary of lead organization's history. <i>Information about collaborator(s) will be requested on the Attachments page. 250 words or less</i>		

Describe lead organization's mission, major programs and activities, and accomplishments.

*Information about collaborator(s) will be requested on the Attachments page.  
250 words or less*

### Collaborating Organizations

Collaborating Partner 1

Collaborating Partner 1 Name

Collaborating Partner 1 Tax ID or EIN

Indicate collaborating organization's designation/auspices

*Note: If you selected "Other," your organization may not be qualified to receive a grant from the Women to Women Giving Circle of Illinois Prairie Community Foundation. Call (309) 662-4477 before proceeding with your application.*

Collaborating Partner 2

Collaborating Partner 2 Name

Collaborating Partner 2 Tax ID or EIN

Indicate collaborating organization's designation/auspices

*Note: If you selected "Other," your organization may not be qualified to receive a grant from the Women to Women Giving Circle of Illinois Prairie Community Foundation. Call (309) 662-4477 before proceeding with your application.*

### Proposal Overview

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Amount requested from Women to Women Giving Circle

*The total amount available to grant to ALL programs is \$38,712. Multiple grants are awarded and typically range from \$3,000-\$10,000; individual requests should not exceed \$10,000.*

Total program budget

*Enter the dollar amount allocated for this program alone, not the budget for the entire organization.*

In what geographic location(s) will the program be offered?

*NOTE: Select the PRIMARY county first. To be eligible for this grant, the program must be available to residents of McLean, DeWitt, Livingston or Logan Counties; however, the program does not have to be offered in all four counties. \**

Name of Program

Program Area

*Select the program area the most closely aligns to the request for funding. There may be overlap. For example, the program may be for environmental education or a fitness program for youth. Consider the main goal of the program to decide which category is most appropriate.*

Provide a brief summary of the program that includes its overall goals and the community need that it would address.

*500 words or less*

How does this program fit Women to Women's grant focus?

*Programs that seek to develop the potential of all girls in our community from birth to third grade and their support networks (family, teachers, caregivers).*

*150 words or less*

How does this program meet the mission of each collaborating partner?

*500 words or less*

How do lead organization and collaborating partners intend to work together? What are lead organization's duties and responsibilities and the duties and responsibilities of collaborating partners?

*500 words or less*

Provide a specific description of the target population. How many people do you expect to participate in the program?

*150 words or less*

Who will direct and who will conduct the program? Briefly, what are their qualifications?

*150 words or less*

## Program Details

### Program Details

When will the program begin? If the program is already underway, enter the date it began.

What is the expected end date of the program? If the program will be ongoing, January 31, 2022, is the date by which grant money, if awarded, must be expended.

What is the primary purpose/intended outcome of the program?

*50 words or less*

If the coronavirus pandemic continues into this grant period (Feb. 1, 2021-Jan. 31, 2022), will that affect your program? If so, how?

*50 words or less*

**Identify three objectives of the program. There may be more than three; choose the three you feel are most important in reaching the purpose/intended outcome.**

#### Objective 1

*Objectives lead to the purpose and intended outcome of the program. They are characterized by the acronym SMART (specific, measurable, achievable, relevant, time-bound). Here is an example: "Eighty percent of children at ABC Childcare will make effective transitions each year based on XYZ Scale from birth to kindergarten."*

*100 words or less*

List proposed activities that will support Objective 1. List both planning and direct service activities.

*150 words or less*

How will you determine if Objective 1 has been achieved?

*Describe specific measurements you will use such as: pre- and post-program questionnaires, schedules, or tests, reports from teachers/parents, interviews, etc.*

*150 words or less*

#### Objective 2

*100 words or less*

List proposed activities that will support Objective 2.

How will you determine if Objective 2 has been achieved?

Objective 3

*100 words or less*

List proposed activities that will support Objective 3.

How will you determine if Objective 3 has been achieved?

## Rationale

Rational And Sustainability

This program is:

*Select one*

If this is an existing program, discuss your progress toward the stated goal. Why is it important to continue the program?

*Enter "N/A" if this question is not applicable.*

*250 words or less.*

If this is a new program with collaborating organizations that has been used elsewhere, why did you choose this program? Why do you believe that the program can be conducted successfully?

*Enter "N/A" if this question is not applicable.*

*250 words or less*

If this is a pilot program that has not been done elsewhere, list your assumptions and/or research as to why this new approach is likely to lead to the stated goal.

*Enter "N/A" if this question is not applicable.*

*250 words or less.*

Will the program be on-going or offered only one time? If the former, what are the plans for sustaining this program financially after the grant period?

*150 words or less.*

## Budget

### Funding Sources

If this is an existing program, how long have you received funding for this program, from whom, and in what amount? Funding sources can include line items in your organization's budget.

*If not applicable, enter "N/A."*

*150 words or less.*

Have you applied for other grants to support this program? If yes, to whom have you applied, in what amount, and when is a decision expected?

*150 words or less.*

Aside from grants, are there other anticipated sources of support for this program such as in-kind gifts, special events, or fundraisers? If yes, please describe.

*150 words or less.*

If you do not receive the full amount of funding requested in this application, will the program proceed?

If yes, how will the program be impacted? What might be eliminated or changed? Please be specific.

If no, type "Program will not proceed" in box.

*150 words or less.*

On the Attachments page, you will be asked to attach a budget for this program ONLY, not for the entire organization. You are required to use a budget document developed by the Women to Women Grants Committee. You can download it at the IPCF website at <https://ilprairiecf.org/resources-2>. Word and Excel files can be found under both the Grants and Women to Women tabs. Income and Expenses must balance.

In regard to the program budget, please provide details of any information requiring further explanation. (For example, list specifics for a broad category such as supplies.)

*100 words or less*

## Demographics

The following section is optional.

The data collected will serve multiple purposes: to help us understand how we reflect the

communities we serve, to equip our staff with critical data to better serve the needs of our communities, and to track our progress with our Board and our grantees and communities.

Age Group

*You may select up to 4 options*

Ethnicity

*You may select up to 8 options*

Gender

*Select the primary gender served*

Population Served

*You may select up to 3 options*

### Key Contacts

Head of Lead Organization		
Prefix	First Name	Last Name
	Phone Number	
Title	E-mail	

Contact for this Grant Application		
No Check here if same as Organization Leader		
Prefix	First Name	Last Name
<Select One>		
	Phone Number	
Title	E-mail	

## Expectations

### Expectations

#### Publicity and Appearances:

You will be notified by mid-November 2020, if your program has been selected as a finalist. If so, you will be asked to prepare a 10-minute presentation about your program to be delivered on the afternoon of December 8, 2020, at ISU's Alumni Center, 1101 N Main St., Normal, to the Women to Women Grants Committee and Women to Women donors. If COVID-19 forces changes, presentations will be made via Zoom.

*I agree to this provision.*

If you receive funding for this program, the expectations from Women to Women are as follows:

- 1) Media release from lead organization and collaborating partners announcing receipt of the grant from the Women to Women Giving Circle of Illinois Prairie Community Foundation,
- 2) Notice of the grant on all organizations' websites, newsletters, and/or social media,
- 3) Copies of publicity and photos as part of your final report;
- 4) Attendance at the Women to Women Summer Celebration in June 2021 to present a brief update on the progress of the program.

*Lead organization and collaborative partners will comply with these expectations to the best of their ability.*

If lead organization receives funding, I grant permission to Illinois Prairie Community Foundation to use lead organization's logo in communications about the grant award.

### Electronic Signature

#### **Please confirm the following:**

No person in the United States shall, on the basis of actual or perceived race, color, religion, national origin, sex, gender identity (as defined in paragraph 249(c)(4) of title 18, United States Code), sexual orientation, marital or parental status, political affiliation, military service, physical or mental ability, or any other improper criterion, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity funded in whole or in part with funds made available by Illinois Prairie Community Foundation, and any other program or activity funded in whole or in part with funds appropriated for grants, cooperative agreements, and other assistance administered by Illinois Prairie Community Foundation.

Any funds received for this project/program will be used for the stated charitable purpose outlined in this application and in accordance with the terms and conditions enclosed in the Grant Agreement, including completion of required reports by their deadlines.



We will publicize any grant received in accordance with the terms outlined in the Grant Agreement. Illinois Prairie Community Foundation may also publicize this project/program and this grant, should this proposal be funded.

Should this proposal not be funded at this time, my organization authorizes Illinois Prairie Community Foundation to share this proposal in its entirety with other potential funding sources at its discretion.

*NOTE: A "No" response is permissible.*

By typing my name and title in the following spaces, I certify that I am an authorized representative of the lead charitable organization named in this application. I further certify that this application is submitted with the full knowledge and consent of the organization's CEO, Executive Director, Board President or other person authorized to approve submission of this application.

Authorized Signer Name

Authorized Signer Title

### Attachments

#### Attachments

Please upload the required documents indicated below. To upload a document:

- Click the Browse or Choose File button beneath the document name
- Browse to the location of the document on your computer
- Select the document then click OK
- You will return to this page
- Click Upload.

#### IRS Letters of Determination of Tax-Exempt Status

Please attach all of the organizations' IRS Letters of Determination of Tax-Exempt Status. NOTE: This is a different document than the state sales tax-exempt letter. If, due to the nature of your organization, you do not have an IRS Letter of Determination, attach a statement that you do not have this letter and why.

Lead Organization's IRS Letter of Determination

*Click Upload after you select the file.*

IRS Letter of Determination for Collaborating Partner 1

*Click Upload after you select the file.*

IRS Letter of Determination for Collaborating Partner 2

*Click Upload after you select the file.*

#### Organizations Current Board Officers and Directors

Please attach a list of all organizations' current board officers and directors including phone numbers and/or emails.

Lead Organization's Board Officers and Directors Listing

*Click Upload after you select the file.*

Board Officers and Directors Listing for Collaborating Partner 1

*Click Upload after you select the file.*

Board Officers and Directors Listing for Collaborating Partner 2

*Click Upload after you select the file.*

#### Program Budget

Please attach the budget for this program ONLY, not for any entire organization. **You are required to use a budget document developed by the Women to Women Grants Committee. You can download it at the IPCF website at <https://ilprairiecf.org/resources-2>.** Word and Excel files can be found under both the Grants and Women to Women tabs. Please fill in the form, then save the file before attaching here.

Income and Expenses must balance.

Program Budget

*Click Upload after you select the file.*

#### Organization Logos

If lead organization has a logo, please upload it.

*Click Upload after you select the file.*

If Collaborating Partner 1 has a logo, please upload it.

*Click Upload after you select the file.*

If Collaborating Partner 2 has a logo, please upload it.

*Click Upload after you select the file.*

#### Additional Collaborating Organization Information

Collaborator 1 History and Mission - Please upload a document outlining Collaborating Organization 1's history and mission.

*Click Upload after you select the file.*

Collaborator 2 History and Mission - Please upload a document outlining Collaborating Organization 2's history and mission.

*Click Upload after you select the file.*