

2026 Women to Women Giving Circle

Illinois Prairie Community Foundation

Program Overview

GuideStar Organization ID

Character Limit: 250

Program Name*

Character Limit: 200

Amount Requested*

How much are you requesting from the Women to Women Giving Circle for this grant?

The total amount available to grant for ALL programs is \$60,000. Multiple grants are awarded and typically range from \$3,000 to \$20,000. Please do not request more than \$20,000.

Character Limit: 20

Program Description*

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

Be concise - you will have a chance to expand on it later in the application.

Character Limit: 375

Program Focus Area*

Select the focus area that most closely aligns to the request for funding of this program.

Choices

Women & Children

Relation to Grant Cycle Focus*

How does this program relate to the stated focus of this year's Women to Women Giving Circle grants?

The 2026 focus is on programs offering assistance/solutions for women and children facing insecurities with housing, food, transportation and/or childcare.

Character Limit: 500

Geographic Area Served*

Indicate the geographic area this program will cover.

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. Click all counties where the program will occur.

Choices

DeWitt
Livingston
Logan
McLean

Target Population*

Provide a specific description of the target population.

Character Limit: 500

Number of People Served*

How many people do you expect to participate in the program?

Character Limit: 6

Program Director*

Who will direct and who will conduct the program?

Please include a brief description of their qualifications.

Character Limit: 375

Collaborating Partner(s)*

Is this program a collaboration with another organization? *A collaborating partner is another organization that is providing help in delivering this program.*

If a collaboration, what is the other organization and how will they be working with you on this program?

If not a collaboration, did you explore possible partnerships for this program? If not, why not? If you did explore partnerships, what factors influenced your organization's decision not to pursue them?

Character Limit: 1000

Program Details

Program Starting Date*

When will the program begin?

Grant funding is for the period of February 1, 2026 through January 31, 2027. If the program is already under way, enter the date it previously began.

Character Limit: 10

Program End Date*

What is the expected end date of the program?

If the program will be ongoing, January 31, 2027, is the date by which the money, if awarded, must be expended.

Character Limit: 10

Program's Intended Purpose/Outcome*

What is the program's purpose or intended outcome?

Character Limit: 750

For the following questions, identify 2-3 objectives of the program. There may be more than that, but choose the ones you feel are most important in reaching the purpose/intended outcome.

Objectives*

Please indicate the first objective of the program.

Objectives lead to the purpose and intended outcome of the program. They are characterized by the acronym SMART (specific, measurable, achievable, relevant, time-bound).

For example: "Eighty percent of children at ABC Childcare will make effective transitions each year based on XYZ Scale from birth to kindergarten."

Character Limit: 750

Proposed Activities for Objectives*

List the proposed activities that will support your objectives above.

Include both planning and direct service activities.

Character Limit: 750

Objective Impact/Measurement*

How will you know if this program has been successful?

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

Character Limit: 750

Program Rationale

New/Existing Program*

This program is:

Choices

Existing program

New program for our organization that has been used elsewhere

A brand-new pilot program that has not been done before

On-Going or One-Time Program*

Will the program be on-going or offered only one time?

Choices

On-Going Program

One-Time Program

Existing Program Questions

Existing Program Progress*

Since this is an existing program, please discuss your progress already achieved toward the stated goal.

Character Limit: 750

Existing Program-Why Continue?*

Why is it important to continue this existing program?

Character Limit: 750

Existing Program Funding*

As an existing program, how long have you received funding for this program, from whom, and in what amount(s)?

Character Limit: 750

Existing Program-Previous IPCF Grant*

Has this existing program received a grant from the Women to Women Giving Circle in the past?

If so, please indicate when and in what amount.

Character Limit: 750

Pilot Program Question

Pilot Program-Why Will This Program Succeed?

Please list your assumptions and/or research as to why this pilot program is likely to lead to the stated goal.

Character Limit: 750

New Program Questions

New Program-Why Choose This Program?*

Since this is a new program, why are you choosing to offer this program?

Character Limit: 1000

New Program-Success*

Why do you believe this new program can be conducted successfully?

Character Limit: 750

On-Going Program-Sustainability

Sustainability of Program*

Since this program is intended to be on-going, what are the plans for sustaining it financially after the grant period?

Character Limit: 750

Program Funding

Applied for Other Grants?*

Have you applied for other grants to support this program?

Choices

Yes

No

Other Sources of Funding*

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

Choices

Yes

No

Partial Funding*

If we are not able to fully fund this program, would you accept partial funding?

Will the program continue if you are not awarded the entire requested amount?

Choices

Yes

No

Loss of Funding*

Has your organization lost funding recently? If so, please explain how that loss has impacted this program.

Character Limit: 750

Other Grants

Info About Other Grants*

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

Character Limit: 750

Other Sources of Funding

Describe Other Funding Sources

Please provide details about other anticipated sources of funding for this program (such as in-kind gifts, special events or fundraisers)..

Character Limit: 750

Impact of Partial Funding

Partial Funding Changes*

If you receive partial funding, how will the program be impacted? What might be eliminated or changed? Please be specific.

Examples: *We would have to adjust the number of people served in proportion to the funding received OR we would not be able to provide a meal to participants at our weekly program.*

Character Limit: 750

No Partial Funding

Explanation of No Partial Funding

If you will not accept partial funding, please detail why and whether this program will proceed if you do not receive full funding.

Example: *Request is to purchase a piano for the music program and there is no other source of funding, nor can we only buy part of a piano, so this program will not proceed.*

Character Limit: 750

Budget

Budget Document*

You are required to attach a budget for THIS program only, not for the entire organization. You will need to download the budget document (links below). When you have completed the required budget document, please upload it below.

*You are required to use a budget document developed by the Women to Women Grants Committee. You can download the **Excel file version** here or the **Word file version** (use whichever version you are more comfortable working with). **Income and Expenses MUST balance on the budget document.***

Accepted file formats: DOC, DOCX, PDF, XLS, XLSX

To upload a document: Click the Upload a File button below, browse to the location of the document on your computer, select the document and click Open.

File Size Limit: 2 MB

Budget Further Details

Regarding the program budget, please provide details of any information requiring further explanation.

For example, list specifics for a broad category such as supplies. 200 packages of crayons at \$3 each = \$600; 200 art notebooks at \$5 each = \$1,000; etc.

Character Limit: 750

Program Demographics

The information will not figure into the grant selection process. Data collected here will provide Illinois Prairie Community Foundation staff with critical data to better serve the needs of our community, plus track our granting progress for our Board of Directors, grantees and community.

Age Served*

You may select up to 4 options

Choices

Infants (0-5)
 Children (6-13)
 Young Adults (14-18)
 Adults
 Seniors (65+)
 All Ages

Ethnicity Served*

You may select up to 8 options

Choices

African American
 Alaskan Native
 Asian American
 Caucasian/White
 Hispanic/Latino
 Multi
 Native American
 Native Islander or Other Pacific Islander
 Other

Gender Served*

You may select up to 4 options

Choices

Male
 Female
 Transgender

Nonbinary/Nonconforming
All Genders

Population Served*

You may select up to 6 options

Choices

Developmentally Challenged
Economically Disadvantaged
General Population
LGBTQ
Physically Challenged
Veterans
Women & Children

Applicant Expectations

Grant Presentations*

If your program is selected as a finalist and/or grant recipient:

1. You will be notified by mid-November 2026 and will be asked to prepare and deliver a 10-minute presentation about your program to the Women to Women Grants Committee and Members in early December (date to be determined). More details about presentations will be communicated as they are confirmed.
2. A representative of your organization will attend the 2026 Women to Women Summer Celebration in June to present a brief update on the progress of grant program.

Choices

Agree
Disagree

Grant Publicity*

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

1. Your organization and collaborating partner (if applicable) will announce the receipt of the grant from the Women to Women Giving Circle at Illinois Prairie Community Foundation through media release, organization website, newsletters and/or social media.
2. You will include copies/screenshots of publicity and photos as part of your final report.

Choices

Agree
Disagree

Logo Use*

If your organization receives funding, I/we grant permission to Illinois Prairie Community Foundation to use organization's logo in social media posts about the grant award.

Upload logo below.

Choices

Agree

Disagree

No Logo Available

Logo Upload

Please upload your organization's logo. If you do not have a logo, please type "No Logo" in box below.

Accepted file formats: JPEG, PNG, TIFF, EPS, PDF.

To upload a document: Click the Upload a File button below, browse to the location of the document on your computer, select the document and click Open.

Character Limit: 100 | File Size Limit: 5 MB

Electronic Signature

Please affirm the following:

Discrimination Statement*

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.

Choices

Agree

Disagree

Fund Use Statement*

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 the required reports by their deadlines.

Choices

Agree

Disagree

IPCF Publicity Statement*

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

Choices

Agree
Disagree

Other Funding Statement*

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.

(You are not required to agree and it will not affect grant selection process)

Choices

Agree
Disagree

Authorized Signature*

By typing my name and organizational title in the following space, I certify that I am an authorized representative of the 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.

Character Limit: 250

Attachments

Please upload the required documents indicated below.

To upload a document: Click the Upload a File button below, browse to the location of the document on your computer, select the document and click Open.

IRS Letter of Determination of Tax Exempt Status*

Please attach your organization's IRS Letter of Determination of Tax Exempt Status

Note: Do not attach a copy of your organization's Illinois Sales Tax Exemption Certificate.

Accepted file formats: JPEG, PNG, TIFF, EPS, PDF

If, due to the nature of your organization, you do not have an IRS Letter of Determination of Tax Exempt Status, attach a statement that you do not have the letter and why.

File Size Limit: 2 MB

Board of Officers and Directors*

Please attach a list of your organization's board officers and directors.

Accepted file formats: JPEG, PNG, DOC, DOCX, PDF, XLS, XLSX

File Size Limit: 2 MB