116 N. Main Street, PO Box 1171, Fond du Lac, WI 54936-1171

(920) 322-8778

**FOND DU LAC AREA WOMEN’S FUND GRANT GUIDELINES**

MISSION STATEMENT

*The Women’s Fund promotes positive change in the lives of Fond du Lac area women and girls through grants to local 501(c)3 organizations for programs consistent with its mission; engages women in philanthropy; and creates community understanding of the strengths and challenges of Fond du Lac area women and girls.*

OUR FUNDING PRIORITIES

The Women’s Fund will consider awarding grants to 501(c)3 non-profit organizations for programs or projects primarily targeted to benefit women and/or girls in the Fond du Lac area in one or more of these funding priority areas: education; leadership development; financial self-sufficiency; safety, dignity and freedom from violence. New programs in any of these priorities and those specifically aligned with the *Fond du Lac Says No More* three year initiativewill be given priority. For more information regarding the initiative, please visit [www.fdlsaysnomore.org](http://www.fdlsaysnomore.org).

CRITERIA FOR FUNDING

The following criteria will be used in the decision-making process. The Women’s Fund does not conduct applicant interviews. Please make sure your written application is complete and makes a compelling case for your request. It must be typed. To be considered, applications **must**:

1. Describe how the request is targeted to primarily benefit Fond du Lac area women and/or girls; Programs for men and boys could also meet this criteria, e.g. programs for men or boys could (or can) meet this criteria;
2. Describe how the request addresses at least one Women’s Fund funding priorities. Specifically address, if applicable, how the request addresses *Fond du Lac Says No More* initiative;
3. Clearly define program/project’s short-term and long-term goals;
4. Clearly define program/project’s anticipated outcomes;
5. Describe target population including demographic information, number of individuals served directly and impact on community, including indirect impact;
6. Describe methods/strategies that will be used for effective implementation;
7. Include a timeline and budget that is clear and concise;
8. Include a description for the tools that will be used for evaluation;
9. Define how success will be measured, including evaluative criteria.

ELIGIBILITY

To be eligible for a grant:

* Your program/project must be consistent with the funding priorities of the Women’s Fund.
* Your program/project must primarily benefit women or girls in the Fond du Lac area.
* Your organization must be a tax-exempt, non-profit organization recognized by the Internal Revenue Service as a 501(c)3 organization.

**NOTE: If your program is funded, you agree to complete and submit the Women’s Fund Evaluation form as required, and, if requested, be willing to present the evaluation at a Board meeting. Future grants will not be considered without a final program evaluation on file.**

*The Women’s Fund will not fund individuals, endowments, government agencies (educational institutions*

*may qualify), projects with a religious purpose, and political parties, candidates or partisan activities*.

**2017 FOND DU LAC AREA WOMEN’S FUND GRANT APPLICATION INSTRUCTIONS**

**Grant Application Deadline – must be received on or before October 1, 2017**

**When applying for a grant, include the following information:**

1. COMPLETED GRANT APPLICATION COVER SHEET.
2. ABSTRACT (concise description) OF THE PROJECT/PROGRAM (50 word maximum)
3. PROJECT/PROGRAM NARRATIVE

\*Length must not exceed three 8 1/2” x 11” single-sided pages, single-spaced, with 12 pt. font.

\*Narrative must be organized using the following headings:

1. **Primary Benefit of Fond du Lac area Women and/or Girls; Funding Priorities**

1. How is this program designed to primarily benefit Fond du Lac area women and/or girls?

2. How does this program address at least one funding priority or *Fond du Lac Says No More* initiative?

3. If this is an existing program, how will the Women’s Fund grant expand or enhance it?

1. **Goals**

4. What are the project/program goals?

1. **Outcomes**

5. What are the project/program outcomes?

1. **Implementation/Timeline**

6. Is this project/program new or ongoing?

7. If the award is for less than the full amount requested, will the project/program still occur?

8. What strategies/methods will be used for effective implementation?

9. What is the project/program timeline?

1. **Target Population**

10. Who is the target audience (e.g. age, race, ethnicity, socioeconomic status)? How many people are being served directly?

11. Where are project/programs offered?

12. How is the greater community impacted?

13. Does this project/program have any collaborating partners? If so, whom?

1. **Evaluation**

14. What strategies/methods will be used for evaluation?

15. Who will participate in the evaluation process?

16. How will success be defined?

17. How will this project be sustained or is it limited to a one-time event?

1. COMPLETE BUDGET FOR PROJECT/PROGRAM - See 2017 Grant Application: Budget Section
2. ORGANIZATIONAL PROFILE AND HISTORY

\*Please attach the following appendices as they apply to your organization:

* IRS 501(c)3 Letter of Determination;
* Written copy of your mission statement;
* Written summary of the current services your organization provides;
* List of your organization’s officers & directors, as applicable.

**2017 FOND DU LAC AREA WOMEN’S FUND GRANT APPLICATION COVER SHEET**

COMPLETE THE FOLLOWING:

Date Submitted \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Organization Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State \_\_\_\_\_\_\_\_\_ Zip \_\_\_\_\_\_\_\_\_\_\_\_ Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Person \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Program or Project\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Amount Requested \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Duration of Project - From: \_\_\_\_\_\_\_\_\_\_\_\_\_ To: \_\_\_\_\_\_\_\_\_\_\_\_

Total Project Budget \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ When are funds needed? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Agency Information**

Date established \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Number of full-time equivalent employees \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Purpose of Grant**

* Special program/project
* Start up costs
* Technical assistance
* General Operating
* Other, please specify\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Area of Funding Priority (✓ all that apply)**

* Education
* Economic/Financial Self Sufficiency
* Leadership Development
* Safety, Dignity and Freedom from violence
* *Fond du Lac Says No More* initiative

This application must be signed by the president or another officer of the organization’s governing body:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Title

**Send the completed application on or before October 1, 2017 to:** **fdlawomensfund@gmail.com (preferred) or** Fond du Lac Area Women’s Fund, 116 N. Main Street, P.O. Box 1171**,** Fond du Lac, Wisconsin 54936-1171

**2017 FOND DU LAC AREA WOMEN’S FUND GRANT APPLICATION: BUDGET SECTION**

**\*\*\*Please complete the table below to reflect the total budget for the program/project for which you are requesting funding.**

**Program/Project Title\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Women’s Fund** | **Other/In Kind** | **Total Budget** |
| Personnel/Stipends (Describe) |  |  |  |
|  |  |  |  |
|  |  |  |  |
| Office and Supplies (Describe) |  |  |  |
|  |  |  |  |
|  |  |  |  |
| Travel and Meals (Describe) |  |  |  |
|  |  |  |  |
|  |  |  |  |
| Training Expenses (Describe) |  |  |  |
|  |  |  |  |
|  |  |  |  |
| Printing and Public Relations (Describe) |  |  |  |
|  |  |  |  |
|  |  |  |  |
| Other (Describe) |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| Other **Revenue** Sources for this Project: |  |  |  |
|  | **X** |  |  |
|  | **X** |  |  |
|  | **X** |  |  |
|  |  |  |  |
|  |  |  |  |
| Additional **In-Kind** Sources for this Project: |  |  |  |
|  | **X** |  |  |
|  | **X** |  |  |
|  | **X** |  |  |
|  |  |  |  |
| **Total Project Budget** |  |  |  |

**Grant Application Submission Deadline – on or before October 1, 2017**