

Women's Giving Circle Grant Cycle

Eau Claire Community Foundation

Proposal Overview

Request title*

Name of program for which you're seeking funding

Character Limit: 250

Organization description*

Provide a brief explanation of your organization as you would give it to potential donors.

Character Limit: 250

Nature and purpose of the grant request*

Briefly describe your grant request as you would want to see it in print if funding is approved.

Character Limit: 250

Has this program been authorized by your agency's governing board?*

NOTE: *Applicants who answer "no" are NOT eligible for grant funding.*

Choices

Yes

No

Area of the WGC Mission that your program addresses*

Choices

Women

Children

Women and Children

Amount requested*

*Requests of more than \$6000 will **NOT** be considered.*

Character Limit: 20

Total budget for proposed program*

Provide the total cost of the proposed program only (not the overall organization budget).

Character Limit: 20

Target population*

Briefly describe the target population for your proposed program. (Include ages and numbers served.)

Character Limit: 250

Program Service Area*

Does this program serve the greater Eau Claire area, which includes the City of Eau Claire and other communities in Eau Claire County?

IMPORTANT: *The majority of the grant's impact must be in the greater Eau Claire area in order to be considered for funding.*

Choices

Yes

No

Program start date*

NOTE: *The WGC grant timeline is Jan. 1-Dec.31 of the year following the grant award. WGC grant dollars may **ONLY** be used during that timeline.*

Character Limit: 10

Program end date

If your program will be ongoing, leave this field blank.

Character Limit: 10

Additional Organization Information**Year of Incorporation**

Character Limit: 5

Your organization is a tax-exempt:*

*Organizations that don't fall into the following categories are **NOT** eligible for grant funding.*

Choices

501(c)(3)

Governmental Agency

Educational Agency

Religious Organization

Is your organization name the same as it appears on your IRS Letter of Determination?***Choices**

Yes

No

If your organization name is NOT the same as on your IRS letter, please explain.

Character Limit: 250

Discrimination policy*

Has your governing board approved a policy which states that your organization does not discriminate on the basis of race, ancestry, color, age, familial status, disability, religion, gender, sexual orientation, marital status, lawful sources of income, national origin, or any other discriminatory practice prohibited by state or federal law?

NOTE: Applicants who answer "no" are NOT eligible for grant funding.

Choices

Yes

No

Organizational fiscal year*

Character Limit: 50

Total annual organization budget*

Provide the amount of your organization's overall budget, not just the proposed program.

Character Limit: 20

Authorization for grant proposal by the organization's Executive Director/President*

I certify that the information provided in this application is correct to the best of my knowledge. I understand that additional information may be required by ECCF to aid the Grants Team in their review of this request, and I'm available to answer your questions.

NOTE: Applicants who answer "no" are NOT eligible for grant funding.

Choices

Yes

No

Authorization for grant proposal by the grant contact person*

I certify that the information provided in this application is correct to the best of my knowledge. I understand that additional information may be required by ECCF to aid the Grants Team in their review of this request, and I'm available to answer your questions.

NOTE: Applicants who answer "no" are NOT eligible for grant funding.

Choices

Yes

No

Authorization by the School District Superintendent (if applicable)

APPLICATIONS FOR SCHOOL RELATED PROGRAMS REQUIRE THE AUTHORIZATION OF THE DISTRICT SUPERINTENDENT. *If your program will take place on school grounds, please upload a signed letter or an email from the Superintendent stating that she/he approves your proposal.*

File Size Limit: 2 MB

Program Information

Is this a new program or an enhancement of an existing program?

An enhancement is defined as a significant improvement or expansion of an existing program.

Choices

New Program

Enhancement of an Existing Program

Program description*

*Describe your proposed program. If your grant proposal is for the enhancement of an existing program, describe in detail **HOW** the existing program is being enhanced.*

Character Limit: 1200

1. Mission statement*

What is the mission statement of your organization? How does the proposed program help your organization meet its mission?

Character Limit: 1600

2. Community needs*

What need(s) in the Eau Claire area does your proposal address? How did you identify and document this/these local needs?

Character Limit: 1200

3. Program differentiation*

Describe how the proposed program differs from other similar programs and explain how it will avoid duplicating the services other organizations may offer.

Character Limit: 640

4. Timeline*

Explain the timeline for your proposed program. Use numbering or bullet points to list the planning stages, activities, and events in chronological order.

REMINDER: *WGC grant dollars can only be used Jan. 1 - Dec. 31 of the year following the grant award.*

Character Limit: 1500

5. Program objectives*

List up to three program-related objectives. Number each objective if you have more than one.

Character Limit: 1200

6. Method of measurement*

Clearly explain how you'll measure program success for each objective. Number each method of measurement if you have more than one.

Character Limit: 1200

7. Desired outcomes*

Clearly explain what positive outcomes you expect for each program objective you listed. Number each outcome if you have more than one.

Character Limit: 1200

8. Impact on Eau Claire area target population*

Explain what lasting effects the positive outcomes of the proposed program will have on the target population.

Character Limit: 600

9. Possible obstacles*

Describe your plan for addressing any obstacles that may impede the success of your proposed program.

Character Limit: 600

10. Program staffing*

Describe how your program will be staffed and managed. (Include both paid staff and volunteers.)

Character Limit: 600

11. Women's Giving Circle mission*

In summary, explain how your proposed program would further the mission of the Women's Giving Circle. (Follow the link to see the WGC mission and grantmaking guidelines.)

Character Limit: 600

Financial Information

12. Explain your proposed budget. Only include expenses **directly related** to the program for which you're seeking funding. Make sure to clearly explain how grant dollars would be used.

PLEASE ENTER \$0 FOR IRRELEVANT BUDGET ITEMS.

REVENUE SOURCES

Grant funding*

Amount requested from the Women's Giving Circle Fund

Character Limit: 20

Agency contribution*

Supply the amount your organization will contribute to this program.

Character Limit: 20

Individual contributions*

Estimate the amount of program support you expect from individual contributions (i.e., individual donors).

Character Limit: 20

In-kind contributions*

Estimate the value of any in-kind contributions you expect for this program. (In-kind contributions refer to things like printing, venue space, publicity, etc. that donors supply at no cost to your organization.)

Character Limit: 20

Grants/other funders*

If you anticipate grant funding or other financial support from organizations besides the Women's Giving Circle Fund, estimate the amount.

Character Limit: 20

TOTAL REVENUE*

Provide the total program revenue, which must be the sum of the preceding boxes.

PLEASE NOTE: This website will **NOT** add the figures for you automatically. Make sure your numbers add up correctly!

Character Limit: 20

EXPENSES

Salary/benefits*

Provide the amount you're budgeting for salaries and benefits directly related to this program. (This includes pay for extra hours worked in order to implement this program, not salaries and benefits that would be paid even without it.)

Character Limit: 20

Salary/benefits grant support

If you're requesting WGC grant dollars for salary and/or benefits, give the amount and clearly explain how they'll be used. You **MUST** show that the salary is integral to implementing the program and not a regular operational expense. Leave this box blank if it's irrelevant.

Character Limit: 500

Contracted services*

Provide the amount you're budgeting for contracted services. (A contracted service is when a third party is under contract to perform a paid service for your organization.) Expenses in this

category **MUST** be integral to implementing your program and not for general organization operations.

Character Limit: 20

Contracted services grant support

If you're requesting WGC support for Contracted Services, give the amount and clearly explain how the grant dollars would be used. Leave this box blank if it's irrelevant.

Character Limit: 500

Supplies*

Provide the amount you're budgeting for supplies and/or equipment directly related to this program.

Character Limit: 20

Supplies grant support

If you're requesting WGC support for Supplies, give the amount and clearly explain how the grant dollars would be used. Any assets purchased with WGC grant dollars **MUST** be integral to the program, not for general organization operations. Leave this box blank if it's irrelevant.

Character Limit: 500

Advertising/printing*

Provide the amount you're budgeting for advertising and printing costs directly related to your proposed program.

Character Limit: 20

Advertising/printing grant support

If you're requesting WGC support for advertising and/or printing costs, give the amount and clearly explain how the grant dollars would be used. Leave this box blank if it's irrelevant.

Character Limit: 500

Other expenses*

If you anticipate expenses not included in the preceding boxes, provide an estimate of the amount.

Character Limit: 20

Other expenses grant support

If you're requesting WGC support for other expenses, give the amount and clearly explain how the grant dollars would be used. Leave this box blank if it's irrelevant.

Character Limit: 500

TOTAL EXPENSES*

Provide the total program expenses, which should be the sum of the preceding boxes. It **MUST** be equal to the amount you provided in the "TOTAL REVENUE" box.

PLEASE NOTE that this website will **NOT** add the figures for you automatically. Make sure to check your numbers!

Character Limit: 20

Do the TOTAL EXPENSES = TOTAL REVENUE?*

Choices

Yes

No

Total grant support*

Do your requests for WGC grant support in the Expenses section equal the "WGC Funding" box in the Revenues section and the amount requested on page one of the application?

Choices

Yes

No

Additional Budget Information*

Supply information that justifies or supports your budget, and explain how it puts the proposed WGC grant funding to the best possible use.

Character Limit: 1200

Previous WGC grants

Please list the date(s), title(s), and grant amount(s) of any WGC grants your organization has received in the past three years.

Character Limit: 500

File Uploads

Please send an email to grants@eccfwi.org if you have any questions about the following required attachments.

Budget*

Current year operating budget, including expenses and revenues

File Size Limit: 2 MB

Tax Exempt Status Letter*

Copy of tax exempt status letter from IRS or Government Certificate of Exemption from public schools.

File Size Limit: 2 MB

Audit Report or Financial Statement*

Most recent annual audit or, if your organization doesn't require an audit, your most recent financial statement

File Size Limit: 2 MB

Board of Directors*

List of current Board of Directors or equivalent governing body members

File Size Limit: 2 MB

Letter(s) of Support

A letter of support is required if another organization or individual is integral to the completion of the project and/or is a fiscal sponsor. If you have more than one letter of support, please combine them into one document and upload them here.

File Size Limit: 3 MB

PLEASE NOTE: As part of our due diligence process, we will check the charitable status of your organization.