

# 2025 Women's Giving Circle (WGC) Grant Cycle

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*Eau Claire Community Foundation*

## *Application Overview*

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### **Request title\***

*Name of proposal for which you're seeking funding*

*Character Limit: 250*

### **Organization description\***

*Provide a brief description of your organization as you would give it to potential donors. If you're using a fiscal sponsor, also explain its relationship to your organization.*

*Character Limit: 250*

### **Nature and purpose of the proposal\***

*Describe your grant request. **IMPORTANT:** This will provide the basis for evaluation of your application. Include goals you hope to accomplish with this proposal.*

*Character Limit: 1200*

### **Amount requested from the Women's Giving Circle\***

*This amount must **EQUAL** the amount you enter in the Financial Information section under #5 ("**Total WGC Funding**").*

*Character Limit: 20*

### **WGC beneficiary group(s) your proposal addresses\***

#### **Choices**

Women

Children (18 and under)

Women and Children (18 and under)

### **Target population\***

*Briefly describe the target population for your proposal. Include the geographic service area and ages impacted.*

**IMPORTANT:** *To be considered for funding, most of the grant proposal's impact **MUST** be in Eau Claire County.*

*Character Limit: 100*

### **Number of lives impacted by this grant\***

To the best of your ability, estimate how many people will benefit if your organization receives this grant funding.

*Character Limit: 10*

**Explanation\***

Briefly explain how you arrived at this estimate.

*Character Limit: 500*

**Grant period eligibility\***

I verify that the requested grant money will be used within the WGC grant period (January 1, 2026, to December 31, 2026).

**Choices**

Yes

No

***Proposal Information*****1. Mission statement\***

*State the mission statement of your organization. Explain how this grant proposal helps your organization meet its mission.*

*Character Limit: 1200*

**2. Community need\***

*Identify the need(s) in Eau Claire County your proposal addresses. Explain how you identified and analyzed these community needs. Illustrate with data, including relevant statistics. Use local statistics if available.*

*Character Limit: 1200*

**3. Differentiation\***

*Describe how the proposal differs from similar programs/services currently offered in Eau Claire County. Explain how it will avoid duplicating the services other organizations offer.*

*Character Limit: 600*

**4. Collaboration\***

*List other organizations (if any) that are collaborating on this proposal and describe their participation. If no other organization is involved, explain why you believe you are capable of successfully implementing this proposal on your own.*

*Character Limit: 1200*

**5. Timeline\***

*Provide a specific timeframe (i.e., months and/or deadlines) illustrating WHEN you will address various planning, implementation, spending, and evaluation steps associated with this proposal.*

**REMINDER:** *WGC grant dollars can only be used from January 1, 2026, to December 31, 2026.*

*Character Limit: 1500*

## 6. Activities\*

Describe up to three major actions your proposal will include. Explain WHY each will help accomplish the proposal's purpose. Some examples are events, promotions, purchases, and programs.

*Character Limit: 1500*

## 7. Evaluation\*

How will you know your proposed program is successful? Specify up to three methods to show how you will measure whether specific goals (as mentioned earlier in the "nature and purpose of the proposal" section of your application) are accomplished. Some examples are: survey of stakeholders, tracking of participation numbers/rates, and/or health/learning outcomes.

*Character Limit: 1500*

## 8. Staffing\*

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

*Character Limit: 1200*

## 9. Impact\*

*Explain what impact and lasting effects your proposal would have on the target population.*

*Character Limit: 1200*

## 10. Women's Giving Circle mission\*

*Explain how your proposal would further the mission of the Women's Giving Circle: **To improve the quality of life for women and children (18 and under) in Eau Claire County through collective philanthropy.***

*Character Limit: 1500*

## *Financial Information*

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### **WOMEN'S GIVING CIRCLE FUNDING**

In each of the four budget category questions below, explain your request for **WGC specific** grant support. Enter **\$0** for irrelevant budget items and **NA** for irrelevant text boxes.

#### **1. Salary/Benefits\***

*How much grant support are you requesting for salaries and benefits related to your proposal?*

*Character Limit: 20*

### Salary/Benefits grant support\*

*If you are requesting grant support for this category, clearly explain how the dollars would be used. Provide details regarding time allotted for the proposal, type of staff, and payroll costs. Explain why the salary is necessary for the proposal and NOT a regular operational expense.*

*Character Limit: 500*

### 2. Contracted services\*

*How much grant support are you requesting for contracted services? (A contracted service is when a third party is under contract to perform a paid service for your organization.)*

*Character Limit: 20*

### Contracted services grant support\*

*If you are requesting grant support for this category, clearly explain how the grant dollars would be used. Expenses **MUST** be necessary for implementing your proposal and not for general organization operations.*

*Character Limit: 500*

### 3. Supplies/Advertising/Printing\*

*How much grant support are you requesting for supplies, advertising, and/or printing?*

*Character Limit: 20*

### Supplies/Advertising/Printing grant support\*

*If you are requesting grant support for this category, provide detailed estimates to explain how the grant dollars would be used. Any assets purchased with WGC grant dollars **MUST** be necessary for the proposal, not for general organization operations.*

*Character Limit: 500*

### 4. Other Expenses\*

*How much grant support are you requesting for expenses not included in the preceding boxes?*

*Character Limit: 20*

### Other Expenses grant support\*

*If you are requesting grant support for this category, provide detailed estimates to explain how the grant dollars would be used. Any assets purchased with WGC grant dollars **MUST** be necessary for the proposal, not for general organization operations.*

*Character Limit: 500*

### 5. Total WGC Funding\*

*Total amount of grant support you're requesting from the Women's Giving Circle. This should be the sum of numbers 1-4. This amount must **EQUAL** the amount you enter in the Application Overview section under "Amount requested from the Women's Giving Circle."*

*Character Limit: 20*

## OTHER SOURCES OF FUNDING SUPPORT

### 1. Organization contribution\*

*What is the monetary value of your organization's contribution to this proposal?*

*Character Limit: 20*

### Explanation of organization contribution

*Give detailed information (amounts and intended use) of all other sources of support from your organization for your proposal, including financial commitment, volunteer hours, etc.*

*Character Limit: 1000*

### 2. Other contributions\*

*What is the monetary value of any other contributions from outside sources you may receive for this proposal?*

*Character Limit: 20*

### Explanation of other contributions

*Give detailed information (amounts and intended use) of all other sources of support for your proposal. Include estimated amounts for anticipated grant funding, in-kind contributions, and donations from individuals and organizations besides the Women's Giving Circle. (In-kind contributions include services like printing, venue space, publicity, etc. that donors supply at no cost. If receiving in-kind contributions, estimate how much you would pay for them if they weren't donated and include that amount in the total for this question.)*

*Character Limit: 1000*

### 3. Total other sources of support\*

*Sum of numbers 1 and 2.*

*Character Limit: 20*

### 4. Total proposal cost\*

*Sum of the **TOTAL WGC FUNDING** (#5 in the Financial Information Section) and **TOTAL OTHER SOURCES OF SUPPORT** (#3 above).*

*Character Limit: 20*

### 5. 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*

## *Additional Organization Information*

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### **Application eligibility\***

I have read and understood the WGC grant eligibility requirements (see General Grant Writing Guide), and I verify that my organization and grant proposal meet all of these requirements.

#### **Choices**

Yes

No

### **Year of your organization's incorporation**

*Character Limit: 5*

### **Is your organization's name the same as on the IRS letter provided in the File Uploads section?\***

Check "no" if your organization is currently operating under a different name or if you're using a fiscal sponsor and providing that organization's tax-exempt information.

#### **Choices**

Yes

No

### **If your organization's name is NOT the same as on your provided IRS letter, please explain.**

**IMPORTANT:** If you're using a fiscal sponsor, you MUST provide a letter of support from that organization in the File Uploads section.

*Character Limit: 1000*

### **Organization's fiscal year\***

*Character Limit: 100*

### **Social Media contact information\***

Please provide the name, email address, and phone number of someone at your organization who's in charge of Social Media (Facebook, Instagram, LinkedIn, etc.)

*Character Limit: 250*

### **Authorization by the organization's Executive Director or equivalent officer\***

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 the Women's Giving Circle to aid the Grants Committee 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 from the School District Superintendent (if applicable)

**APPLICATIONS FOR SCHOOL RELATED PROGRAMS REQUIRE THE AUTHORIZATION OF THE DISTRICT SUPERINTENDENT OR BUILDING PRINCIPAL.** *If this applies, please upload a signed letter or an email from the Superintendent or building Principal stating that she/he approves your proposal.*

*File Size Limit: 2 MB*

## File Uploads

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Please send an email to [grants@eccfwi.org](mailto:grants@eccfwi.org) if you have any questions about the following required attachments.

### Budget\*

*Organization's current overall operating budget, including expenses and revenues (PDF format preferred)*

*File Size Limit: 2 MB*

### Proof of Tax-Exempt Status\*

*Copy of tax-exempt status letter from the IRS, Government Certificate of Exemption, or equivalent proof of tax-exempt status (PDF format preferred)*

*File Size Limit: 2 MB*

### Year-to-Date Financials\*

*Your organization's most recent financials, including your balance sheet and statement of activities (PDF format preferred)*

*File Size Limit: 2 MB*

### Board of Directors\*

*List of current Board of Directors or equivalent governing body members (PDF format preferred)*

*File Size Limit: 2 MB*

### Letter(s) of Support (required if you have a fiscal sponsor)

*A letter of support is required if another organization or person is integral to your grant proposal 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. (PDF format preferred)*

*File Size Limit: 2 MB*

### Organization logo\*

*Please upload your organization's logo if you have one. (This will be displayed at future WGC events if your grant proposal is funded.)*

*File Size Limit: 2 MB*

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