This PDF form is solely for the purpose of viewing the application in its entirety. Please use the online form to officially submit your application.

Note: A Microsoft Word version of this grant application is available upon request.

APPLICANT INFORMATION

Organization Name: __________________________________________________________
City: ___________________________ State: ________ Zip: _________ EIN Number: _______________________
Address: ________________________________________________________________
Phone Number: ___________________________ Fax: _____________________________
Contact Person: ___________________________ Title: ___________________________
E-Mail Address: ___________________________ Organization Website: _______________________

PROPOSED PROGRAM INFORMATION

Name of Program: ______________________________________________________________

Amount Requested: ___________________________ Total Proposed Program Budget: _______________________
Date Program will begin: ___________________________ Date Program will end: ___________________________

Grant requests for programs outside the grant term (Jan 1 – Dec 31, 2019) will not be considered.

Area of Women’s Giving Circle Mission that your program addresses:  Women  Children  Women & Children
Geographic area served: __________________________________________________________

Has this program been authorized by your agency’s governing board?:  Yes  No
**ADDITIONAL ORGANIZATION INFORMATION:**

Year of Incorporation: ________________

Is your organization a tax-exempt?: 501(c)(3) Governmental Agency Educational Agency

Is your organization name the same as it appears on your IRS Letter of Determination? Yes No

If no, please explain:

Organizational fiscal year: ____________________________ Total annual budget: ____________________________

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, handicap, religion, gender, sexual orientation, marital status, lawful sources of income, national origin, or any other discriminatory practice prohibited by state or federal law? Yes No

*Applications for school related programs require the signature of the District Superintendent.*

We certify that the information provided in this application is correct to the best of our knowledge. We understand that additional information may be required by the Eau Claire Community Foundation to aid the Distributions Committee in their review of this request and are available to answer your questions.

Chief Executive / President: ______________________________ Title: ______________________________

[print name]______________________________________________ Date: ______________________________

Signature of Chief Executive / President

Contact Person: ______________________________

[print name]______________________________________________ Date: ______________________________

Signature of Contact Person

**If Applicable:**

Superintendent: ______________________________ Title: School District Superintendent

[print name]______________________________________________ Date: ______________________________

Signature of Superintendent
DESCRIPTION OF PROPOSED PROGRAM

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

New Program

Enhancement of an existing program (i.e. changes that have been made in this proposal that improve or expand a previously funded program)

Description of Program: If this is an enhancement of an existing program, describe in detail how the existing program is being enhanced. (Max 1,200 Characters) (PLEASE NOTE: ALL CHARACTER COUNTS INCLUDE SPACES):

(This information will be used in publications)

PROPOSED PROGRAM

Answer each of the following questions in a complete and concise manner:

1. What is the mission statement of your organization? How does the proposed program help your organization meet its mission? (Max 1,600 characters)
2. What need(s) in the Eau Claire area does your proposal address? How did you identify and document this/these local needs? (Max 1,200 characters)

3. Describe how this proposed program differs from other similar programs. (Max 640 characters)

4. Describe the target population for your proposed program. (Include information concerning the number served, ages, and geographic area.) (Max 640 characters)

5. What is the timeline of your proposed program? List activities and events in chronological order. REMINDER: WGC Grant dollars can only be used Jan 1 – Dec 31) (Max 1,500 characters)
6. Complete the chart below describing up to three program-related objectives:

<table>
<thead>
<tr>
<th>Objectives (program related) (maximum 360 characters)</th>
<th>Method of Measurement (maximum 640 characters)</th>
<th>Desired Outcomes (maximum 640 characters)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>
7. Explain what lasting effects the positive outcomes of the program will have on the target population.

8. Describe your plan for addressing any obstacles that may impede the success of your proposed program. (Max 640 characters)

9. How will your proposed program be staffed and managed? (Include the use of both paid and volunteer staff.) (Max 640 characters)

10. In summary, explain how your proposed program will further the mission of the Women’s Giving Circle. (Max 640 characters)
11. What is your proposed program budget? Include only those expenses related directly to the proposed program. Do not include general organization expenses such as salaries, benefits, overhead, etc. On the chart below list all sources of revenue and expenses for the proposed program. In the last column identify the specific line items to which Women’s Giving Circle grant dollars would apply. Do not use “miscellaneous” as an expense category.

<table>
<thead>
<tr>
<th>Revenue Source</th>
<th>Estimated Funding</th>
<th>Expense</th>
<th>Amount</th>
<th>WGC Support*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Women’s Giving Circle (c)</td>
<td>$</td>
<td>Salaries/Benefits</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>Agency Contribution</td>
<td>$</td>
<td>Contracted Services</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>Individual Contributions</td>
<td>$</td>
<td>Supplies/Equipment</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>Other Contributions 1</td>
<td>$</td>
<td>In-Kind Expenditures</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>Other Contributions 2</td>
<td>$</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total Revenue (a)</td>
<td>$</td>
<td>Total Expense (b)</td>
<td>$</td>
<td>$ (d)</td>
</tr>
</tbody>
</table>

*Check your figures! The total revenue (a) must match the total expense (b). The Estimated Funding from the Women’s Giving Circle (c) must match total WGC support (d).

12a. **Explain how** the **Women’s Giving Circle dollars** will be spent in each category. (Be specific.)

12b. Supply any relevant information that justifies or supports your budget. (Max 1,200 characters)
Required Attachments:

Please send an email to grants@ecccommunityfoundation.org if you have any questions about the required attachments, which will be uploaded to the online grant application form. Hard copies of attachments other than letters of support are not needed.

1. Copy of tax exempt status letter from IRS or Government Certificate of exemption from public schools.
2. Most recent annual financial statement, independently audited, if available.
3. Current year operating budget including expenses and revenues.
4. List of current Board of Directors or equivalent governing body members.
5. Letters of support are required if another organization or individual is integral to the completion of the project and/or is a fiscal sponsor.

Please note: As part of the due diligence of the Eau Claire Community Foundation in reviewing grant applications, we will check the charitable status of your organization on this website: http://www.irs.gov/charities/article/0,,id=96136,00.html

IRS Revenue Procedure 2011-33 sets forth reliance rules that permit a grantor to rely on a listing of charitable status found in IRS Publication 78 or the Business Master File unless a public announcement is made stating that the organization is no longer a charitable organization. The IRS list of charities whose status was revoked due to failure to file Form 990 is a public announcement. It is for this reason that ECCF added checking the list of revoked charities for failure to file as a new step to our due diligence process.