**Giving Hope, Women’s Giving Circle**

**Grant Application**

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# How to Apply

Written applications should include the items below.  Applications must be accompanied by a cover letter outlining the purpose of the proposed program or project (including evidence of a need for the program or project), the amount requested, the time limits of the proposed activity, the length of time support is needed, and an evaluation strategy.

The application should not exceed five (5) pages. The required elements are:

A. Organizational Information

·       Name, address, telephone number of applicant organization

·       Applicant organization’s main contact person, phone number and email address

·       Date organization was established

·       Brief background of organization

·       Organization’s general objectives and number of individuals or families served

·       Number of paid employees, both full and part-time

·       Number of volunteers

B.  Project description

·       Name of project

·       Definition of the issue the project is addressing – describe how it addresses

 Giving Hope’s focus on helping women and children

·       Basic objectives of the project and potential impact on the issue

·       Detailed list of targeted population(s); make sure to include age and

 geographical information

C.  Financial Information

·       Amount of grant support requested and the proposed time period for use of

 these funds

·       Detailed budget for the project; identify any additional support or leveraged

 funds

·       Identify any community or regional partners for this project

·       Estimate the number of people expected to be reached through this project

·       Estimate the percentage of people from each the Plymouth and the Canton

 communities expected to be served

D.  Attachments

·       Copy of the organization’s most recent IRS determination letter

·       List of the organization’s president, board of directors/trustees, and officers,

 with affiliations

·       Other information deemed pertinent

E.  Final Project Report

If your organization receives a grant, the Giving Circle would like a follow-up report with a summary of the success of the project, photographs (where applicable) and copies of any written materials within 45 days of completion.

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**Grant Application**

Name of applicant organization: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Executive Director: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone:\_\_\_\_\_\_\_\_\_\_\_

Organizational contact name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   Email:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of project/program:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

General description of project/program purpose and goals: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Geographic area served: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please describe target population demographics and special needs: (e.g. age, physical/mental/emotional issue needing to be addressed)

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

Amount requested $\_\_\_\_\_\_\_\_\_\_\_\_ Total project/program budget $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Funds used for:

\_\_ Personnel              \_\_ Brochures/Publicity              \_\_ Programming

\_\_ Equipment             \_\_ Books/Videos/Software       \_\_ Other

Specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Anticipated start date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does your project/program \_\_ Support an established program, or is it a \_\_ New program for the community

Explain:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If there are partners involved in this project, please describe.

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

If there are any funds leveraged for this project, please describe.

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Explain how evaluation findings will be used to enhance project/program or community awareness.

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Executive Director signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_