



2017-2018 Grant Application Cover Sheet

Organization Information

Name of Organization: _____ Amount Requested: \$ _____

Address 1: _____

Address 2: _____ City: _____ State: _____ Zip: _____

Web Address: _____

Date Organization Established: _____

Executive Director: _____ Title: _____

Phone: _____ Fax: _____ E-mail: _____

Project Manager: _____ Title: _____

Phone: _____ Fax: _____ E-mail: _____

Board Chair: _____

Phone: _____ Fax: _____ E-mail: _____

Annual Organization Operating Budget: \$ _____

Title of Project: _____

WISE Women Project Budget Request

Total Projected Budget: \$ _____

Total Requested from WISE Women: \$ _____

Project Implementation Date: _____



WISE Women of Blair County
Women Involved in Scholarship and Empowerment

Select one, whether this a new or an ongoing/existing project of the organization

- New Ongoing/existing

Select grant making priority which best describes the project:

Choose all that apply:

Choose all that apply:

- Empowering Women
 Eliminating Racism

through

- Collaboration
 Service
 Education

Project Summary: Insert a paragraph describing the project.

Population Served: Indicate population groups the project will serve.

Project Geographic Area Served: _____

Number of People Served: _____

Gender: _____

Age Groups (circle ones that apply): (0-4) (5-11) (12-17) (18-64) (65+) (All age groups)

Special Population(s): _____

Previous WISE Women of Blair County Grant Awards:

Award Date: _____ Award Amount: _____

Signatures of both Board Chair and Executive Director of the applying organization are required.

Print - Board Chair Name

Print - Executive Director Name

Board Chair Signature

Executive Director Signature

Date

Date



WISE Women of Blair County
Women Involved in Scholarship and Empowerment

APPLICATION CHECKLIST

- One (1) hard copy with original signatures
 - Email one (1) copy to wisewomenofblaircounty@yahoo.com
 - One (1) copy each of the following supporting documents:
 - List of board of directors with each individual's business affiliation(s) and title(s)
 - Statement from the IRS confirming the organization's status as a tax-exempt charitable organization under Section 501(c)(3) of the Internal Revenue Code
 - Statement on letterhead specifying your organization is a public charity with a 50 percent deductibility limitation. referencing the specific classification.
 - Letters of Agreement, if this is a collaborative proposal
-

Grant Application Due Date: Friday, **October 27, 2017**

One (1) hard copy with signatures delivered or mailed and one (1) copy emailed.
All Grant Applications must be received by 4:00 p.m. on Friday, **October 28, 2016.**

Delivery/Mailing Address:

WISE Women of Blair County
Grants Committee
P.O. Box 134
Hollidaysburg, PA 16648

Email Address: wisewomenofblaircounty@yahoo.com

Website: www.wisewomenofblaircounty.org



WISE Women of Blair County
Women Involved in Scholarship and Empowerment
Grant Application Form

The Grant Application should be no longer than eight (8) pages (not including Cover Page and Application Checklist) using a font size no smaller than Tahoma 11. All effort should be made to be brief and concise when responding to the information requested.

Organization Information:

- 1. Briefly describe your organization's history, mission and goals.**
- 2. Identify the population your organization benefits (socioeconomic status, language, age, physical abilities, other descriptions).**
- 3. Describe how your organization involves the people it serves in its planning process.**
- 4. Describe how your organization works with others providing similar services, and/or how it is unique**

Project Information:

5. Proposed Need to be Met

(Specify the need or problem to be addressed or how this project advances the mission of the WISE Women.)

6. Summary of Project

(50 words or less)

7. Project Description

(Describe project in detail and tell how it will work, noting its purpose, target population to be served, the methods and approaches to be used to implement the project, and list of key staff and their qualifications. Also include collaborative partners for this project, if applicable.)

8. Project Promotion

(Describe how you will promote the project to the target audience.)

9. Project Goals and Objectives and the Anticipated Timeline for Implementation

(Work plan, timeline, what services will be provided and where specific services will be located.)

10. Benchmarks or Expected Outcomes Used to Evaluate the Project's Effectiveness

(What are the expected outcomes of the project?)



11. Methods Used to Evaluate Whether Benchmarks or Outcomes were Accomplished

(How will success be defined and measured?)

12. Ability to Use these Funds to Leverage Other Funds

(List other funding sources for this project and amounts received or anticipated.)

13. Plan to Sustain and Fund this Project after the WISE Women Funds are spent

14. If your organization received a grant from WISE Women the previous year from this granting year, and you are reapplying for a grant for the same project, please provide an interim report of the project along with this application.



WISE Women of Blair County
Women Involved in Scholarship and Empowerment

Grant Application
2018 Project Budget

Name of Organization: _____ Date: _____

Project Title: _____ Amount Requested: \$ _____

Personnel		Total Budget Projected	Total Requested from WISE Women
FTE			
Fringe Benefits			
Total Personnel		0	0
Other Expenses (list separately*)		Total Budget Projected	Total Requested from WISE Women
Total Operating Expenses		0	0

***Expenses directly related and necessary to operate and maintain project. Examples of Other Expenses include: training, development, meeting supplies, equipment, travel, printing, copying, conferences and meetings.**

TOTAL EXPENSES (Personnel + Other)		0	0
TOTAL COST		0	0