



**APPLICATIONS DUE  
SEPTEMBER 19, 2014**

Organization

Address

Executive Director  Phone Number

Program Coordinator  Email

Project Name

Amount requested \$  Total Project Cost \$

Are you a 501c3 organization?  If not, explain

Who is the targeted audience: Who will be served? How many women and/or girls will be involved?

Describe briefly, the program: What situation do you want to improve? What are the outcomes you want to accomplish? What activities/methods will you implement? What resources do you need to do this?

How does this program fit the mission of The Women's Fund?

How will you evaluate the successes of the program?

Specifically, when will this program take place? (Programs should take place between 12/1 and 8/31.)

Is this a continuing  expanded  or new  program? If continuing, how will the program be funded in the future?

**Please outline the cost of the entire project budget. Describe materials/other expenses:**

| <u>Quantity</u>                   | <u>Description of material, item, or equipment</u> | <u>Budgeted amount</u>         |
|-----------------------------------|--|--------------------------------|
| <input type="text"/>              | <input type="text"/>                               | <input type="text"/>           |
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| <input type="text"/>              | <input type="text"/>                               | <input type="text"/>           |
| <b>TOTAL PROJECT BUDGET COST:</b> |  | <b>\$ <input type="text"/></b> |

**Please describe how Richland County Foundation Funds will be used:**

| <u>Quantity</u>   | <u>Description of material, item, or equipment</u> | <u>Budgeted amount</u>         |
|---|--|--------------------------------|
| <input type="text"/>                                    | <input type="text"/>                               | <input type="text"/>           |
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| <b>TOTAL REQUESTED FROM RICHLAND COUNTY FOUNDATION:</b> |  | <b>\$ <input type="text"/></b> |

**Would you accept partial funding? If so, how will you implement the program with partial funding?**

**What are your other sources of funding for this project? (in-kind services?)**

| <u>Organization Name</u> | <u>Amount Sought</u> |
|--------------------------|----------------------|
| <input type="text"/>     | <input type="text"/> |
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\_\_\_\_\_  
Executive Director/CEO/Superintendent Signature

\_\_\_\_\_  
Program Coordinator

Date \_\_\_\_\_

Date \_\_\_\_\_

Original application with 20 copies double-sided are due on or before Friday, September 19, 2014. **NO ATTACHMENTS – BROCHURES – MAGAZINES!** If a copy of the organization's current IRS determination letter indicating 501c3 tax-exempt status is not on file at the Foundation office, please attach a copy to the original grant application.

***ALL APPLICANTS MUST USE THE MOST CURRENT FORM.***