

WOMEN HELPING WOMEN FUND - TRI-CITIES



Tri-Cities

2010 GRANT APPLICATION PACKET

WOMEN HELPING WOMEN FUND - TRI-CITIES 2010 GRANT APPLICATION OVERVIEW

For Grant Year January 1, 2011 – December 31, 2011

Introduction

Women Helping Women Fund - Tri-Cities (WHWF-TC) is a nonprofit, community-based organization committed to helping women and children. Our mission is to empower women and children to create healthy families and a vibrant community. Throughout the Greater Tri-Cities, WHWF-TC will:

- Raise awareness of the unmet needs of women and children.
- Raise money that supports community programs that make a positive difference for women and children.
- Foster the growth of women philanthropists.

WHWF-TC conducts an annual benefit luncheon featuring a dynamic, nationally-recognized speaker to educate and enlighten our audience. 100% of the donations raised at the luncheon are used to fund our grants. In 2009, WHWF-TC raised over \$98,000 for eleven community organizations.

Eligibility

To receive funds, your agency must:

- Have 501 (c)(3) tax-exempt status as defined by the Internal Revenue Service; and
- Operate, organize and disseminate services without regard to race, religion, gender, age, national origin, sexual orientation, or disability.

Guidelines

In addition, Women Helping Women Fund - Tri-Cities uses the following guidelines:

- WHWF-TC funds specific programs, not agencies.
- The WHWF-TC will consider grant applications for expenditures in the Greater Tri-Cities Area.
- WHWF-TC will examine the financial viability of programs and/or agencies.
- WHWF-TC seeks innovative and creative ways to meet community needs.
- WHWF-TC does not fund individuals, political action organizations, endowment funds, and no more than 15% of administrative costs of the proposed program.
- WHWF-TC will conduct a site visit during the grant selection process. Additional site visits may occur as part of the post-award process.

PROPOSAL CHECKLIST

GENERAL DIRECTIONS:

- **One original and twenty-one copies** of each of the following items must be received by the WHWF-TC office no later than **Noon on Friday, March 26, 2010.**

Women Helping Women Fund Tri-Cities
8131 West Grandridge Blvd.
Kennewick, WA 99336

- Late and/or incomplete proposals may not be considered.
- Questions on filling out the forms? E-mail WHWF-TC at contact@whwftc.org or call the WHWF-TC office at (509) 737-1241.
- Please do not place your packet in a folder, cover or any other holder.
- Please do not include cover letters, letters of support from individuals or other agencies, brochures or other collateral materials such as CDs.

ITEM

- Proposal Cover Page (Page 3)
- Narrative Responses (Page 4)
- Program Budget Worksheet (Page 7)
- Authorization Statement (Page 8)
- Attachment 1: 501(c)(3) Tax-exempt status determination letter
- Attachment 2: Overall Agency budget and year-to-date financial statements for the current fiscal year
- Attachment 3: If available, most recent outside independent financial audit, review, or compiled financial statements, including explanation of debt and repayment provisions. If financial statements prepared by an outside accountant are not available, include a copy of most recent IRS tax return.
- Attachment 4: Current list of board members, officers, committees, and organizational chart
- Attachment 5: Non-discrimination Policy
- Attachment 6: Letter(s) of agreement from partner(s), if program is offered in collaboration with other agencies

PROPOSAL COVER PAGE

Agency Name:

Name of Executive Director:

Name and Title of Contact Person:

Address: Street:
City:
State: Zip:
Telephone:
Email:
Website:

Name of Proposed Program:

Total Cost of This Program: \$ _____

Amount Requested from WHWF-TC \$ _____

**Percentage of Total Program Cost
Represented by this Request** _____ %

NARRATIVE

Your responses to the following questions should be double-spaced, 12 point Times New Roman font, 1" margins. Please number and list the question before each response.

Your responses for each section CANNOT exceed the follow page limits:

- A. Agency Information: 1 page double spaced
- B. Program Information: 3 pages double spaced
- C. Action Plan: 2 pages double spaced
- D. Evaluation/Impact: 1 page double spaced
- E. Current Funding Plan/Sustainability: 1 page double spaced

A. Agency Information:

1. What is your agency mission?
2. How old is the agency?
3. Describe the population served by the agency.
4. What services are provided?
5. What is the total number (unduplicated) of clients served in the most recently completed fiscal year and estimated cost of service per client?
6. If financial guidelines are used to determine your clients' eligibility for services, describe what they are.

B. Program Information:

1. Describe the purpose and goals of the program for which funds are being requested, and how this program fulfills your agency's mission.
2. Specifically describe the services to be provided by your program and the target population to be served. What is the projected number of individuals to be impacted by the program?
3. Is this an existing or new program? If existing, how long has it been in operation?
4. State the community need for this program.

5. Do other organizations in the community provide the same or similar services? If yes, how is your program unique? If yes, are there reasons/plans to consolidate and/or collaborate to avoid duplication of effort?
6. What challenges/obstacles do you foresee in implementing this program?

C. Action Plan:

1. What steps must be taken to accomplish your goals? Include a staffing plan and timeline.

D. Evaluation/Impact:

1. Identify and explain **quantifiable** measures of the impact of the program for which funds are requested (examples might be client surveys or pre and post testing).
2. If appropriate, how does/will this program encourage clients to “give back,” by helping other recipients of your agency’s programs or in the larger community?

E. Current Funding Plan/Sustainability:

1. If this is an existing program, list current funding sources.
2. Besides WHWF-TC, what other potential funding sources are currently being sought?
3. If applicable, will the WHWF-TC grant assist you in leveraging other specific funding or in-kind donations from other grantors?
4. Please address plans for the long-term sustainability of this program. If applicable, provide a list of potential future funding sources.
5. Given the current economic climate, please also address any short-term sustainability issues that your organization as a whole may be facing and your plan for meeting them.

PROGRAM BUDGET WORKSHEET INSTRUCTIONS

- Double click on the budget worksheet to open an embedded Excel spreadsheet, where numbers can be entered.
- To close the worksheet, double click on the budget page, but outside of the Excel worksheet.
- Please do not add or delete any columns or rows in the Worksheet.
- The Total columns and Total rows are locked, do not attempt to change.
- Round all amounts to the next highest whole dollar.
- Include only the program for which funds are being sought.
- *Time Period* – Identify the time period for the program, i.e. calendar or fiscal year date.
- Column 1: *Requested from WHWF* – List only the revenue requested from the WHWF and the program expenses to be covered by this request.
- Column 2: *Committed/Requested from Other Sources* – Provide all non-WHWF program revenues and expenses.
- Column 3: *C/R* – Indicate “C” for committed funds and “R” for requested funds.
- Column 4: *Total* – Worksheet automatically adds columns 1 and 2.
- Column 5: *% of Total Program Revenues* – Worksheet automatically calculates the percentage for each revenue and expense line item (column 4).
- *Program Revenues* – Show the detail of the *Other* revenue sources and their status as requested or committed. For example, if there are funds requested from another source, list the source, amount requested and whether the funds are pending or have been committed to the program. If fees are collected for the program, show those fees in this section.
- *Program Expenses* – List the program expenses in the appropriate categories.
 1. If the program has other significant expenses that do not fit into the expense categories listed, specify what the expense is and show it on the *Other* expense line.
 2. If the program expenses include any equipment expenditures, identify the type and amount in the *Equipment* section.
 3. If the program expenses include any indirect costs, specify what type and show it in the *Administrative/Indirect Expenses* section.
- *Total Program Expenses* – Worksheet automatically calculates the total of the *Total Payroll Expenses*, *Total Operating Expenses*, *Total Equipment Expenditures*, and *Total Administrative/Indirect Expenses*.
- *Net Program Revenue less Expenses* – Worksheet automatically calculates *Total Program Revenues* less *Total Program Expenses*.
- *In-Kind Donations* – Estimate the value of any in-kind donations expected for the program.

PROGRAM BUDGET(Instructions on previous page)

<i>See instructions</i>	1	2	3	4	5
Program Budget Worksheet					%
Time Period: Calendar Year _____ or Fiscal Year ended _____	Requested From WHWF	Committed/ Requested from Other Sources	Include if C/R (place C or R in box)	Total	% of Total Program Revenues
PROGRAM REVENUES					
Women Helping Women Fund				0	
Other (include source name)				0	
Other				0	
Other				0	
Other				0	
Other				0	
TOTAL PROGRAM REVENUES	0	0		0	0%
PROGRAM EXPENSES					
<i>Payroll Expenses</i>					
Staffing Level—Number of FTE's	0.0	0.0		0.0	
Salaries				0	
Benefits				0	
Other Payroll Expenses				0	
<i>Total Payroll Expenses</i>	0	0		0	0%
<i>Operating Expenses</i>					
Rent				0	
Office Supplies				0	
Telephone/Utilities				0	
Consulting Services				0	
Training				0	
Printing/Program Materials				0	
Advertising/Marketing				0	
Other (specify)				0	
Other (specify)				0	
Other (specify)				0	
<i>Total Operating Expenses</i>	0	0		0	0%
<i>Equipment</i>					
(specify)				0	
(specify)				0	
<i>Total Equipment Expenditures</i>	0	0		0	0%
<i>Administrative/Indirect Expense (15% maximum)</i>					
(specify)				0	
(specify)				0	
<i>Total Adm/Indirect Expenses</i>	0	0		0	0%
TOTAL PROGRAM EXPENSES	0	0		0	0%
NET PROGRAM REVENUES LESS EXPENSES	0	0		0	
<i>In-Kind Donations</i>	\$ Value			0	
				0	
<i>Total In-Kind Value</i>	0	0		0	

AUTHORIZATION STATEMENT*

We, the undersigned, understand that as a condition of receiving Women Helping Women Fund - Tri-Cities funds, we must submit to WHWF-TC two (2) Progress Reports in April, 2011 and September, 2011 in accordance with the guidelines provided by WHWF-TC.

We understand that the funding received from WHWF-TC is to be used only for the purpose of the program proposed and must be expended within twelve months of the award. Unless a commitment to the contrary has been expressed in writing, WHWF-TC grants are for one year only, and must not be construed as an implied commitment on the part of WHWF-TC to respond favorably to future grant requests.

We further understand that programs will be selected and notified by August 31, 2010. This selection will be confidential; public announcement of the selected programs will be made at the October 2010 luncheon. Any disclosure of selection prior to the annual luncheon could affect the status and/or the amount of the grant funds.

The amount of the grant funds received by our program will be determined by the proceeds of the 2010 luncheon and may be less than the full amount requested. Final grant amounts will be determined following the luncheon, when grantees will be notified of the exact funding amount. Half of the total grant amount will be disbursed in December, 2010, in a meeting where program commitments will be reviewed for any changes since the grant request was submitted. The second half distribution will be made in June, 2011, following a mid-year review.

We also understand that, if selected, a representative of our agency will be **required** to attend and fill a table of 8-10 at the Annual Benefit Luncheon on October 25, 2010. The cost to attend the luncheon is a donation of \$100.00 per person. We also agree to follow all provided timelines for submitting the names of our table captain and our table guest list.

We will acknowledge publicly the Women Helping Women Fund - Tri-Cities as a contributor to this program in any communications about the program.

Executive Director or other authorizing agent

Date

President or Chairperson of the Board of Directors
or other authorizing agent

Date

*The Authorization Statement submitted with your original grant application packet must include original signatures and dates, not copies.