# WOMEN HELPING WOMEN FUND - TRI-CITIES



# 2024 GRANT APPLICATION INSTRUCTIONS

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**For Grant Year January 1, 2025 – December 31, 2025**

**DEADLINE: NOON, MARCH 15, 2024**

**Introduction**

The 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 for programs at the luncheon are used to fund our grants.

**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 in accordance with current federal guidelines and non-discrimination laws.

**Guidelines**

The Women Helping Women Fund Tri-Cities uses the following guidelines:

* WHWF-TC funds specific **programs**, not agencies which support women and children in vulnerable situations.
* The WHWF-TC considers grant applications for programs in Benton and Franklin Counties only.
* WHWF-TC will examine the financial viability of programs and/or agencies.
* WHWF-TC seeks innovative and creative ways to meet community needs and align with our mission to empower women and children to create healthy families and vibrant communities.
* 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 may conduct a site visit during the grant selection process. Additional site visits may occur as part of the post-award process.

**Proposal Checklist**

**instructions: Please read carefully as our directions have changed and must be adhered to by all applicants. Failure to follow directions may disqualify your application.**

## Grant application packets must include the following:

1. **One original and ten collated copies** on white letter size (8 ½” x 11”) paper (stapled please, no paper clips) of each of the following items:
	* Proposal Cover Page
	* SECTION A: Proposed Program Narrative (5-page limit)
	* SECTION B: Program Budget Narrative &Budget Worksheet (separate link)
	* Authorization Statement
	* USA Patriot Act Compliance form
	* Letter(s) of agreement from partners(s) if program is offered in collaboration with other non-federal agencies.
2. **Also, submit one collated copy** of each of the following items:
	* 501(c)(3) Tax-exempt status determination letter.
	* Agency’s overall budget and year-to-date financial statement for the current fiscal year. WHWF-TC is looking for continuous financial information. If the current year’s audit is not complete, please include non-audited statements for that period.
	* 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.
	* Current list of board members, officers, committees, and organizational chart.
	* Job descriptions of those persons associated with the **program**.

**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.

# Very important (not following these rules subjects your application to disqualification):

* 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.
* Please **do not** reuse past applications or parts thereof.
* Kindly refrain from using a script or otherwise difficult to read font. 12-point Times New Roman font is preferred.
* Be sure to remove the instruction pages from your packets.
* Please **do not** mail your application.

Please submit, by personal delivery, your completed proposal packet to:

**Women Helping Women Fund Tri-Cities**

**c/o CSA Building**

**719 Jadwin Avenue, Richland**

(Receptionist available between the hours of \*\*10 a.m. and 2 p.m.)

\*\*\*REMINDER\*\*\*

To be considered for 2024 funding, Grant Proposals must be received by the WHWF-TC office no later than **Noon, Friday, March 15, 2024.**

***Late and/or incomplete proposals will not be considered.***

Questions on filling out the forms? E-mail: contact@whwftc.org or Call: (509) 713-6553.