

Decatur County Community Foundation, Inc.

**Fund for Women and Girls**

**Grant Application**

Name of Organization or Group \_\_\_\_\_

Director/Leader of Organization or Group \_\_\_\_\_

Project Contact (if different name) \_\_\_\_\_

Mailing Address \_\_\_\_\_

\_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_ E-mail \_\_\_\_\_

Organization or group's most recent year-end information:

*Year-end Date* \_\_\_\_\_ *Annual Receipts* \_\_\_\_\_ *Annual Expenditures* \_\_\_\_\_

Name of Grant Project \_\_\_\_\_

**Describe Project Purpose in Space Below:**

**Why do you think this program is needed?**

**Why do feel this program is important for Decatur County?**

**The program will last for three years. Please tell your plan on how to expand the program for year 2 and 3.**

**Explain how you will sustain the program without the funding.**

**How many women and/or girls will be impacted by your program?**

**Will you collaborate with another group? If so, who?**

**Project Amount Requested** \_\_\_\_\_  
(contact Foundation for amount available)

**Describe budgeted use of Project Funds by Line Item in Space Below:**

<b>Budget item</b>	<b>2018</b>	<b>2019</b>	<b>2020</b>	<b>Specific details—i.e. this box would be to confirm a quote or to tell us the name of a speaker.</b>
Total project cost:				

**If the total project cost is more than the available grant, how will you finance the rest of the program?**

Project Timeline \_\_\_\_\_ - \_\_\_\_\_  
 (start date) (estimated completion date)

Please include a copy of your 501(c)3 if you are not a 501©3 please include the documentation from your fiscal agent.

Please include proof that you have filed your form 990.

\_\_\_\_\_

For Foundation use only:

Date Received: \_\_\_\_\_ Grant Number: \_\_\_\_\_

Board Action Date: \_\_\_\_\_ Approved: \_\_\_\_\_ Declined: \_\_\_\_\_

Grant Conditions or Notes: