

**APPLICATION FOR GRANT FUNDING
WOMEN INSPIRED NETWORK
2025 PROGRAM YEAR**

Name of the Program: _____

Name of Organization: _____

Address: _____

City / ST / Zip: _____

EIN: _____

Website: _____

Amount Requested: _____

Total Program Budget: _____

*** To be eligible for this grant, the program must be available to residents of LaSalle, Bureau, Putnam, Marshall and / or Livingston Counties. The program does not have to be offered in all five counties, however. ***

Applicant Contact Information

Name and Title / Position: _____

Email Address: _____

Phone Number: _____

Leadership Contact Information

Name and Title / Position: _____

Email Address: _____

Phone Number: _____

Type of Organization:

_____ Non-Profit designated by the IRS as a 501(c)(3)

_____ Operating under fiscal sponsorship of a 501(c)(3)

_____ Municipal, County, State or Federal Government Agency / Entity

_____ Public School or College / University

_____ Church, Synagogue, Mosque or other place of worship

_____ Other (If selected, your organization MAY NOT be eligible to receive a grant from the Women Inspired Network Giving Circle. Please call 815-252-2906 before proceeding with the application process.)

This is:

_____ A Pilot Program

_____ An Existing Program

_____ A New Program for our Organization that has been used elsewhere

Regions Program will Serve: _____

Checklist / Attachments:

_____ List of the Organization's Board of Directors, including phone numbers and email addresses

_____ Copy of IRS Letter of Determination of Tax-Exempt Status

(NOTE: This is different than the State of Illinois tax-exempt letter, which is not proof of 501(c)(3) status. If, due to the nature of your organization, you do not have an IRS Letter of Determination, attach a statement that your organization fits into one of the classifications listed above.)

_____ Budget for this program ONLY. Income and Expenses must balance.

_____ Submit the completed application prior to the **DEADLINE MONDAY, SEPTEMBER 30, 2024 at 4:00 pm.**

ALL APPLICATIONS MUST BE TYPED. They will be reviewed by the Grants Committee for completeness and accuracy and a member will notify you if your application is selected to move forward. The next step includes a presentation of your case for support to the full membership. If you are selected you will be notified of the date in October, 2024. All founding and sustaining members will vote for the final recipient(s) after the presentation meeting. The winners will be announced, and funding will be awarded during the annual Celebration of Giving.

ORGANIZATION BACKGROUND:

Describe the organization’s mission, major programs and accomplishments: _____

Provide a summary of the organization’s history: _____

PROPOSAL:

Name of the Program: _____

Provide a brief summary of what the programs entails: _____

How does this program fit the WIN GRANT focus (programs that seek to inspire and empower girls and young women to achieve their highest potential)?

How does this program fit the mission of the organization it will support? _____

Provide a specific description of the target population. _____

How many people do you expect to participate in the program? _____

Who will direct and who will conduct the program? What are their qualifications? _____

When will the program begin? If the program is underway, enter the date it began. _____

What is the expected ending date of the program? If the program will be ongoing, enter 12/31/2025, which is the date by which grant money, if awarded must be expended.

What is the primary goal of the program? (A goal is a long-term aim you wish to accomplish which may or may not be achieved within the grant period. The goal answers the question, “What would we like to see happen as a result of this program? Example: “All 5th grade girls at Putnam County Primary School will have positive self-image as they prepare to enter middle school.”)

Identify two objectives of the program. There may be many more than two. Chose those you feel are most important to reaching the goal. (Objectives are targets that move you toward the stated goal of your program. They are characterized by the acronym SMART (specific, measurable, achievable, relevant and time-bound). Example: “80% of fifth grade girls will self-identify as leaders by the end of the school year.”

OBJECTIVE #1:

List proposed activities, both planning and direct service, that will support Objective #1. _____

How will you determine if Objective #1 has been achieved? _____

Describe the specific measurements you will use, such as pre- and post-program questionnaires, schedules or tests, reports, from teachers / parents, interviews, etc.

OBJECTIVE #2:

List proposed activities, both planning and direct service, that will support Objective #2. _____

How will you determine if Objective #2 has been achieved?

Describe the specific measurements you will use, such as pre- and post-program questionnaires, schedules or tests, reports, from teachers / parents, interviews, etc.

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RATIONALE AND SUSTAINABILITY:

FUNDING AND RESOURCES:

If this is an existing program, how long have you received funding, from whom, and in what amount? (Enter n/a if this is not an existing program. Funding sources can include line items in your organization's budget.)

Have you applied for other grants to support this program? If so, to who have you applied, in what amount, and when is a decision expected?

Aside from grants, are there other anticipated sources for this program such as in-kind gifts, special events or fundraisers? If yes, please describe.

BUDGET:

Please attach the budget for this program ONLY, not for the entire supporting organization. Note: Income and expenses must balance. (A separate document may be attached.)

WARRANTY:

The supporting organization does not discriminate on the basis of race, color, religion, age, gender identification, national origin, sexual orientation, or disability in accordance with applicable Federal and State of Illinois laws.

_____ True _____ False

Any funds received for this program will be used for the stated charitable purpose outlined in this application and in accordance with the terms and conditions stipulated in the Grant Agreement I will receive, including submission of required reports by their due dates.

_____ Yes _____ No

Should this program not be funded now, my organization authorized the Starved Rock County Community Foundation to shar this proposal in its entirety with other funding sources at its discretion. NOTE: A “no” response is permissible.

_____ Yes _____ No

By signing my name in the space below, I affirm that I am an authorized representative of the charitable organization named in this application. I further affirm that this application is submitted with the full knowledge and consent of the organization’s leader listed in the Contact Information section of this application.

APPLICANT SIGNATURE: _____

DATE: _____

NOMINATION MADE BY WIN MEMBER (if applicable): _____

DATE: _____

RECEIVED AT SRCCF BY: _____

DATE: _____