



## *Women Who Care Application and Guidelines*

### **Application Deadline August 15**

- Awards are limited to nonprofit organizations with current exempt status as defined by the Internal Revenue Service Section 501(c) (3) Internal Revenue Code, schools or municipalities.
- Awards may be considered for new projects, or to enhance well-established programs. Awards may also be considered for start-up funds.
- Organizations may apply for funding annually but the same project will not be considered more than once. Unless unusual circumstances exist.
- Requests must not duplicate the work of other local organizations, and must reflect sustainability and/or other ongoing support.
- *Women Who Care* does not typically make awards for capital campaigns or to fund endowments. *Women Who Care* does not make awards to individuals. The following are also EXCLUDED from consideration: organizations that promote a particular religious or political ideology; dinner galas, advertising, and other special fundraising events; and contributions to the general fund of an organization.
- Awards will be given up to a maximum of \$5,000.
- *Women Who Care* may award less than the amount requested, and may also consider providing matching or challenge grants.
- Email original PDF application to [eccf@elkcountyfoundation.org](mailto:eccf@elkcountyfoundation.org), along with the narrative and support materials. A hard copy is also required with original signatures to be mailed to:  
Address application to: *Women Who Care*  
Elk County Community Foundation  
32 South Saint Marys Street, Suite 4 ~ P.O. Box 934  
St. Marys Pa. 15857
- Inquires/questions can be directed to Paula Fritz Eddy of the Elk County Community Foundation at 814-834-2125 or by e-mail at [eccf@elkcountyfoundation.org](mailto:eccf@elkcountyfoundation.org). Electronic grant applications are available by contacting the Foundation or on their website ([elkcountyfoundation.org](http://elkcountyfoundation.org)).
- The applications recommended to the membership will be based on:
  - Quality of the project/services
  - Number of individuals served
  - Management of the project
- Top grant applications will be presented to the full membership at its annual meeting in the fall. A short presentation by a representative of the project will be required at that time. This is an opportunity to promote the project to the membership for their vote. Successful awardees will be encouraged to share success stories, for future promotional public relations.



*Women Who Care*

P.O. Box 934  
Saint Marys, PA 15857

814-834-2125

[eccf@elkcountyfoundation.org](mailto:eccf@elkcountyfoundation.org)

## **INSTRUCTIONS FOR SUBMITTING A GRANT APPLICATION**

- A. Fill out the enclosed GRANT APPLICATION FORM and Summary.**
- B. Narrative should be a maximum of two pages, 12-point font with one inch margins that includes the following information. Please provide your information in this order, using the outline.**

**1. Organization Information:**

- a. Brief summary of organization's history, mission and goals.

**2. Purpose of this Grant:**

- a. Describe the program/project, the need(s) it will address and what it will accomplish.  
 b. Is it a new or ongoing program/project of the organization?  
 c. List the program/project goals, objectives.  
 d. Describe the timetable for this program to be completed.  
 e. Do other organizations provide services/programs similar to your program? If so, why is it important that your agency also provides this service?

**3. Budget Information:**

- a. State the exact dollar amount of program/project budget being requested on the Budget Statement  
 b. Describe how you would modify your project with partial funding.  
 c. What are the long-term strategies for funding the program/project beyond the grant period?  
 d. The project and evaluation submitted to Women Who Care must be completed within one year of receiving the grant. Please note that receipts will be required for all grants awarded.

**4. Summary:**

Provide a brief overview that will be sent to the Women Who Care membership in advance describing the project. This should not be more than 200 words long.

The applications recommended to the membership will be based on:

- Quality of the project/services
- Number of individuals served
- Management of the project

**Please be sure to address these issues in your narrative.**

*Recommended grant applications will be presented to the full members of WWC at its annual meeting in the fall. A short presentation, by a representative of each grant application will be required at that time. This is your opportunity to promote the project to the membership for their vote. Successful awardees will be encouraged to document their success stories, for future promotional public relations.*



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This grant application form is available on our website as an online fillable PDF form. Please complete and submit it via email along with the requested support items as outlined in *Instructions for Submitting a Grant Application*. In addition, a hard copy of the signed application form, along with any support materials that have not been emailed, must be mailed or delivered to our office. Grants will not be considered until all material has been received. For questions or clarification, please contact our office.

\_\_\_\_\_  
Application Date      Legal Name of Organization      Date of Incorporation

Is your organization tax-exempt under Section 501 (c) (3) of the Internal Revenue Code?    Y      N

Is your organization a school?    Y      N      is your organization a municipality?    Y      N

\_\_\_\_\_  
Last Name      First Name      MI

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

\_\_\_\_\_  
City      State      Zip Code

\_\_\_\_\_  
Phone      Fax      E-mail

***Project Duration:***

***Total Cost of Project:***

***Amount requested from Women Who Care:***

***Note: A maximum request amount is \$5000***

***Grant Summary – provide a brief answer to the following questions on this form and use the narratives for more details Grant Abstract – provide the following information briefly on this page. Additional explanation and information should be included in Grant Proposal Narrative outline found on page two of this application form.***

***Brief Project Description***

***Who and how many will benefit county wide/municipality?***

***Why is this project valuable/necessary?***

Submit via email the online fillable PDF form, without signature, along with your narrative. Also, mail or deliver to our office a hard copy of the signed application, along with any other support materials that cannot be emailed.

**Please include the attachments:**

- ◆ One copy of the Grant Application Form and abstract/narrative as describe on page four of the application.
- ◆ One copy of the current IRS determination
- ◆ One copy of the proposed program/project budget
- ◆ One copy of operating budget for the current and next fiscal year, including income statement and balance sheet. Need to send only a summary if possible.
- ◆ Name and addresses of your Board of Directors and administrative staff

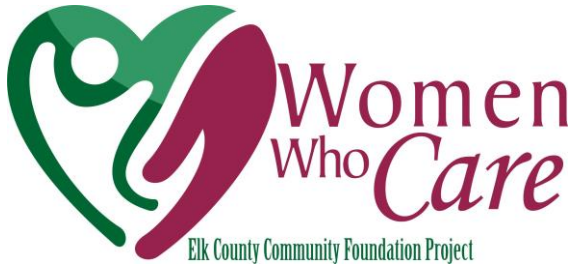
The Undersigned hereby certify that all information contained in and submitted with this proposal is correct and that this proposal is submitted with the approval of the Board of Directors. This Organization will execute the Grant Agreement if a grant is awarded to us.

\_\_\_\_\_  
Signature of Board Chairperson /Project Director

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Agency CEO

\_\_\_\_\_  
Date



*Women Who Care*  
Project Budget Statement

List all income for this project including in-kind gifts

Source	Amount

Total

Expenses	Amount

Total