



Women's Gift Alliance Pooled Fund Grant and Individually Designated Gift Application Guidelines and Instructions

BACKGROUND

The Women's Gift Alliance (WGA) was formed to address needs within Kootenai County. The WGA's mission is to pool the talents and resources of women in Kootenai County to provide meaningful financial support to a broad range of charitable, cultural and educational projects within our community. The WGA Grant Program consists of annually awarding both large **Pooled Grants** and smaller **Individually Designated Gifts**.

Pooled Grants are awarded through a collaborative selection process and membership vote. The first step of the Pooled Fund Grant process is the Preliminary Application. Preliminary Applications are accepted from any organization that meets the eligibility requirements. After careful review of the Preliminary Applications, the WGA Grant Committee selects a limited number of organizations to submit a Detailed Proposal.

Individually Designated Gifts are awarded every year in August. Each of our members designates a \$250 Individual Gift to the non-profit organization of her choice. A list of Kootenai County non-profit organizations is compiled by WGA and distributed to our members for their use when designating their gift. Kootenai County non-profit organization may be included on WGA's non-profit list, **by completing the ORGANIZATIONAL INFORMATION portion of the preliminary application below and a copy of their organization's tax-exempt letter (if not previously sent) by April 1.**

POOLED GRANT APPLICANT ELIGIBILITY CRITERIA

1. Organizations must reside within Kootenai County.
2. Only organizations that qualify as 501(c) 3 entities under the IRS code or other organizations that meet charitable guidelines established by the Idaho Community Foundation and the IRS are considered for funding.
3. Organizations that have previously received a WGA Pooled Fund Grant Award may receive only one grant within a three-year period.

POOLED GRANT FUNDING CRITERIA

WGA anticipates grant award amounts of approximately \$25,000. Exact amount will be announced on our website, www.womensgiftalliance.org by early February.

1. The Pooled Fund Grant is given to a nonprofit community service organization that proposes a project that will make a significant community impact in Kootenai County and demonstrate **one** or more of the following criteria:
 - ADDRESS A COMMUNITY PROBLEM
 - ENRICH THE FABRIC OF THE COMMUNITY
 - FOSTER COLLABORATION OR PARTNERSHIPS
 - CREATE A BOLD NEW VENTURE
2. Organizations that offer opportunities to leverage other funds or forge partnerships that will increase the impact of WGA funds are of special interest.
3. Funds are not available until after July 1. Projects must be initiated within 6 months from the grant award.
4. General operating expenses are eligible for funding consideration only in the amounts necessary for specific project needs.
5. Funding requests for endowments and fundraising activities are not considered.

SUBMISSION REQUIREMENTS (see attached submission checklist)

Preliminary Applications must:

1. Be typed with no smaller than 12 point font and use 1-inch margins and 1 ½ spacing.
2. Follow the format of the attached form and answer the questions under each of the 1-8 section headings. Total length limited to 2 single-sided pages.
3. Include Cover Page and all requested Attachments.

Note: The application form can be copied and typed on. An electronic version is also available at www.womensgiftalliance.org

DUE DATE

Preliminary Applications must be postmarked on or before November 14. We suggest getting Delivery Confirmation Receipt. Preliminary applications sent via e-mail will not be accepted. We will send e-mail confirmation of receipt of your application package by November 30.



2019 Women's Gift Alliance Pooled Fund Grant and Individually Designated Gift Cover Page

ORGANIZATION CONTACT INFORMATION: *Unless instructed otherwise, WGA will include the organization contact information in its list of Kootenai County non-profit organizations. The non-profit list is provided to WGA members for their consideration for Individually Designated Gifts.*

Name of organization: _____

Address of organization: _____

Web Site: _____ Telephone: _____

Contact person and title: _____

E-mail address: _____

Mission statement or description of organization: *Please limit length to 3 lines.*

Target Population and Number of People Served Annually: _____

Geographical Area Served: _____

STOP HERE if only interested in being considered for Individually Designated Gifts. Attach a copy of your organization's 501 c 3 designation letter, and return to WGA at the address below by April 1. Gifts are awarded after August 1.

If you wish to apply for a Pooled Fund Grant, please complete the back of this page and follow the instructions for the Pooled Grant Questionnaire.

Please don't hesitate to contact us with questions concerning this Preliminary Application.

New website & e-mail: www.womensgiftalliance.org grants@womensgiftalliance.org

Individually Designated Gift Organization Information and a copy of the organization's 501c3 designation letter must be received by April 1.

Pooled Grant Preliminary Applications must be postmarked by November 14, 2018. (We suggest Delivery Confirmation Receipt.) Mail to:

Women's Gift Alliance P. O. Box 98 Hayden, Idaho 83835



POOLED GRANT PRELIMINARY APPLICATION:

Is the organization name the same as it appears on the IRS Letter of Determination? Yes / No

If not, please explain: _____

Mailing Address (if different from above): _____

Physical Address (if different from above): _____

City, State, Zip Code: _____

Organization Phone: _____ Fax: _____

Grant Contact Person (Name and Title if different from above): _____

Grant Contact Phone Number: _____ and Email: _____

POOLED GRANT PROJECT INFORMATION:

Project Name / Title: _____

Project Start and End Dates: _____

Brief Summary of Project (no more than three sentences):

Organization Operating Budget Amount - Current Year: \$ _____

Total Project Cost: \$ _____ WGA Funding Request Amount: \$ _____

General Area of Service (check one):
 Social Services Health Education Environment Cultural/Arts Other (explain): _____

Geographic Area to be served by Project: _____

Total number to be served by the project: _____

Executive Director or CEO (print name) Signature Date

Board Chairman/President (print name) Signature Date



Pooled Grant Questionnaire

Instructions: The purpose of the Pooled Grant Questionnaire is to introduce your pooled grant project to our organization. With this in mind, **please briefly respond to the questions under the following 8 headings, using the format below.** This section must be in 12 point type, using 1 ½ line spacing with 1” margins. Total must not exceed two single-sided pages. Please don't hesitate to contact us if you have any questions.

1. ORGANIZATION

- What is your organization's mission statement?
- Please give a brief description of services provided through the organization.

2. TARGET POPULATION & COMMUNITY NEED

- Target Population: We are interested in understanding the people you wish to serve. Please briefly describe your target population. Examples: number of individuals in geographic area, age, gender, race, population distribution, and other important or unique characteristics. Use your professional judgment when determining what information to include.
- Need: What are the needs and/or priorities of this target population? How did you determine these needs and/or priorities? Please include references to assessments, data sources, etc.

3. BRIEF PROJECT DESCRIPTION

- What activities do you propose to address the community need outlined above? Essentially, what will you do with the funds, if received?
- What outputs do you expect for each activity? Examples: how many participants, how many classes, projects, service hours, etc. Please identify direct beneficiaries as well as indirect beneficiaries and include the estimated number of each.

4. SHORT-TERM OUTCOMES

- State in general terms the short-term outcomes that you expect when your project is completed.
Note: Short-term outcomes are the specific changes that will be present in the participants, target population, environment, etc. upon completion of the project. (Specific, measurable outcomes will be requested for projects that advance to the Detailed Proposal phase.)

5. IMPACT

- What is the overall impact of this project to our community? Examples: reduce elder abuse, increase water quality, enhance creativity in children, increase reading ability, reduce hunger among youth.

6. EVALUATION

- Process Evaluation: How will you determine whether the project was implemented according to plan?
- Outcome Evaluation: How will you measure the short-term outcomes and impact? Examples: survey people before and after participation, staff observation, or other measurements tools.

7. WGA CRITERIA

- How will this project address one or more of the WGA criteria?

8. FINANCIAL INFORMATION AND SUSTAINABILITY

- Is this project part of a larger endeavor? What percentage of the project will be funded by WGA funds?
- What other funding sources have been received or secured? What other funding sources are pending?
- How will this project continue beyond the WGA grant period?



Pooled Grant Preliminary Application Submission Checklist

Please place this checklist on top of your completed Preliminary Pooled Grant application packet. No file folders or plastic sleeves. Please include all of the following when submitting your application.

Submission Requirements

- One original application (see below)
- One copy of attachments (see below)

Application Consisting of:

- ___ 1. Cover Page (front & back)
- ___ 2. Pooled Grant Questionnaire (2 page limit)
 - Response to questions under numbered headings (1-8) on "Pooled Grant Questionnaire"
 - Font no smaller than 12 points
 - Margins on all sides no smaller than 1 inch
 - Spacing = 1 ½ lines

Attachments Consisting of:

- ___ 1. Detailed project budget (for the project outlined in this proposal)
Important: If project amount exceeds WGA grant award, clearly indicate items for WGA funding.
- ___ 2. IRS Determination Letter to confirm 501(c)3 status.
- ___ 3. Current year (2018) Operating Budget with YTD information through September 30.
- ___ 4. Current year-to-date income and expense sheet.
- ___ 5. Financial statements (balance sheets and income statements) for 2 prior years.
- ___ 6. Annual report or brochures (optional)

Please don't hesitate to contact us with questions concerning this Preliminary Application.

New website & e-mail: www.womensgiftalliance.org

grants@womensgiftalliance.org

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