



## Pooled Fund Grant Preliminary Application Submission Checklist

**Organization Name:** \_\_\_\_\_

### Submission Requirements

Please use WGA forms and formats for the current year.  
Single sided only, no letterhead.  
No staples, file folders or plastic sleeves.  
Paper clips are acceptable.

### Assemble and Submit Application Packet in this order:

- \_\_\_ 1. Submission Checklist (1 page)
- \_\_\_ 2. Preliminary Application (2 pages) with original signatures
- \_\_\_ 3. Pooled Fund Grant Questionnaire (2 page limit)
  - Response to questions under numbered headings 1-7.
  - Font no smaller than 12 points
  - Margins on all sides no smaller than 1 inch
  - Spacing = 1 ½ lines
- \_\_\_ 4. Detailed project budget (for the project outlined in this proposal)  
Important: If project amount exceeds WGA grant award, clearly indicate items for WGA funding
- \_\_\_ 5. IRS Determination Letter to confirm 501(c) 3 status
- \_\_\_ 6. Current fiscal year Detailed Operating Budget
- \_\_\_ 7. Current fiscal year Detailed Income and Expense Statement through September 30
- \_\_\_ 8. Financial Statements (Balance Sheet and Income Statement) for 2 prior fiscal years

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

Website: [www.womensgiftalliance.org](http://www.womensgiftalliance.org)

E-mail: [grants@womensgiftalliance.org](mailto:grants@womensgiftalliance.org)

**Pooled Fund Grant Preliminary Applications must be postmarked by November 9, 2022.**

Delivery Confirmation Receipt suggested. We will send email acknowledgement upon receipt of the application.

**Mail to: Women's Gift Alliance P. O. Box 98 Hayden, Idaho 83835**

WGA Use
Date Received: _____
Date Postmarked: _____
Conf. email sent: _____
Notes: _____



**WGA | Women's Gift Alliance**  
Making a Difference Through Philanthropy

## 2023 Preliminary Application

### ORGANIZATION INFORMATION:

**Name of Organization:** \_\_\_\_\_

Physical Address: \_\_\_\_\_

Mailing Address (if different): \_\_\_\_\_

Organization Phone: \_\_\_\_\_ Website: \_\_\_\_\_

Contact Person and Title: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Kootenai County Population Targeted By Your Organization and Number of People to Be Served By This Grant: \_\_\_\_\_

\_\_\_\_\_

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

If not, please explain: \_\_\_\_\_

Organization Operating Budget for 2023:

Income:\$ \_\_\_\_\_ Expenses:\$ \_\_\_\_\_ Net Income:\$ \_\_\_\_\_

How did you hear about us? \_\_\_\_\_



**GRANT PROJECT INFORMATION:**

Project Name / Title: \_\_\_\_\_

Project Start and End Dates (Project start date on or after July 1, 2023): \_\_\_\_\_

*Note: Funds are not available until after July 1. Project must be initiated within 6 months after the grant award.*

Is This A New or Next-Step Project?  Yes/ No. If no, Original Project Start Date and Brief Description of Accomplishments to Date: \_\_\_\_\_

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

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

Why is this Project Critical/Important Now? (no more than three sentences)

General Area of Service (check one):

Social Services     Health     Education     Environment     Cultural/Arts

Other (explain): \_\_\_\_\_

Executive Director or CEO (print name) \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

Board Chairman/President (print name) \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_



### **INSTRUCTIONS FOR THE GRANT QUESTIONNAIRE:**

The purpose of the Pooled Fund Grant Questionnaire is to introduce your pooled grant project to our organization. There are seven categories. We have provided suggested questions to be answered within each category. These suggestions are not exhaustive or always applicable. Please use your best judgement in helping us to understand your organization and your grant proposal.

#### **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**

- We are interested in understanding the people you wish to serve with this project. 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.
- What are the community 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. Please be specific as to Kootenai County.

#### **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.
- If your organization is leveraging other funds or partnering with another organization please describe the nature, timing, and funds to be provided by the collaboration.

#### **4. SHORT-TERM OUTCOMES & IMPACT**

- What is going to change because of this project? State in general terms the short-term outcomes that you expect when your project is completed.
- What is the overall impact of this project to our community? Examples: reduce elder abuse, increase water quality, enhance creativity in children, and increase reading ability.

#### **5. EVALUATION**

- How will you determine whether the project was implemented according to plan?
- How will you measure the short-term outcomes and impact? Examples: survey people before and after participation, staff observation, or other measurements tools. You will need measures of change for each of the outcomes and impacts you identified in #4.

#### **6. 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?

#### **7. WGA CRITERIA**

- How does this project address one or more of the WGA criteria?
- Does it enrich the fabric of the community, address a community problem, foster collaboration or partnership with other organizations or nonprofit groups to increase reach and impact, is it a bold new venture?

*If you choose not to fill this section out in the electronic format (Fillable Word), please strictly adhere to the following guidelines: use the 7 above headings/categories, typed on blank page, no less than 10-point type, using 1 ½ line spacing with 1" margins, only two single-sided pages, no organizational letterhead.*