# Icon Description automatically generated2023 Pooled Fund Grant

# Preliminary Application

**Must be postmarked by November 9, 2022**

**See the separate Guidelines & Instructions Document on** [**our website**](https://www.womensgiftalliance.org/grant-applicant-info)

**for important information about completing this application.**

**Save this Word document to your computer and then complete the form.**

**Please email us with any questions.**

**Website:** [**www.womensgiftalliance.org**](http://www.womensgiftalliance.org)  **Email:** [**grants@womensgiftalliance.org**](mailto:grants@womensgiftalliance.org)

## Submission Checklist

|  |  |
| --- | --- |
| **Organization Name** | Click or tap here to enter text. |

**Submission Requirements**

Please use WGA forms and formats for the current year.

Print 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 limit)

\_\_\_2. Organization Information (1-page limit)

\_\_\_3. Grant Project Information with Original Signatures (1-page limit)

\_\_\_4. Grant Questionnaire (2-page limit)

\_\_\_5. Detailed project budget (for the project outlined in this proposal)

Important: If project amount exceeds WGA grant award, clearly indicate the items that will use WGA funding

\_\_\_6. IRS Determination Letter to confirm 501(c)3 status

\_\_\_7. Current fiscal year Detailed Operating Budget

\_\_\_8. Current fiscal year Detailed Income & Expense Statement through September 30

\_\_\_9. Balance Sheets and Income Statements for the prior 2 fiscal years

Please contact us with questions concerning this Preliminary Application.

US Postal Service Delivery Confirmation Receipt suggested for mailing.

We will send email acknowledgement upon receipt of the application.

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

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| --- | --- |
| **WGA**  **USE** | Date Received \_\_\_\_\_\_\_\_  Date Postmarked \_\_\_\_\_\_\_\_  Conf. Email Sent \_\_\_\_\_\_\_\_ |

## Organization Information (limit to 1 page)

|  |  |
| --- | --- |
| **Organization Name** | Click or tap here to enter text. |

|  |  |
| --- | --- |
| **Physical Address** | Click or tap here to enter text. |
|  | Address City State Zip Code |
| **Mailing Address** | Click or tap here to enter text. |
|  | Mailing Address (if different) City State Zip Code |

|  |  |  |  |
| --- | --- | --- | --- |
| **Phone** | Click or tap here to enter text with dashes. | **Website** | Click or tap here to enter text. |

|  |  |  |  |
| --- | --- | --- | --- |
| **Grant Contact Name** | Click or tap here to enter text. | **Grant Contact Title** | Click or tap here to enter text. |
| **Grant Contact Phone** | Click or tap here to enter text with dashes. | **Grant Contact Email** | Click or tap here to enter text. |

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| Mission Statement or description of organization (limit of 3 lines) |
| Click or tap here to enter text. |

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| **Kootenai County Population Targeted by Your Organization** | Click or tap here to enter text. |

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| --- | --- | --- | --- | --- | --- |
| **Organization Operating Budget for 2023** | | | | | |
| **Income** | $Click or tap here to enter text. | **Expense** | $Click or tap here to enter text. | **Net Income/(Loss)** | $Click or tap here to enter text. |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Is the organization name the same as it appears on the IRS Determination Letter?** | **YES NO** | **If no, please explain** | Click or tap here to enter text. | |
| **Effective Date of 501(c)3 on the Determination Letter** | | | Click or tap to enter a date. |

|  |  |
| --- | --- |
| **How did you hear about us?** | Click or tap here to enter text. |

## Grant Project Information (limit to 1 page)

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| --- | --- |
| **Project Name or Title** | Click or tap here to enter text. |

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| --- | --- | --- | --- | --- |
| **Project Start**  **Date** | Click or tap to enter a date. | **Project End Date** | Click or tap to enter a date. | Please note  Project start date must be on or after July 1, 2023 and conclude by June 30, 2025. Funds are available after July 1, 2023. Project must begin within 6 months of the grant award. |

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| --- | --- | --- | --- | --- | --- |
| **Is this a New Project?** | **YES**    **NO** | Is this a Next Step Project? | **YES**    **NO** | If Next Step, please explain | Click or tap here to enter text. |

|  |
| --- |
| Brief Project Summary (2-3 sentences) |
| Click or tap here to enter text. |

|  |  |  |  |
| --- | --- | --- | --- |
| **Total Project Cost** | $Click or tap here to enter text. | **WGA Funding Request Amount** | $Click or tap here to enter text. |

|  |  |
| --- | --- |
| **Number of Kootenai County People Served by this Project** | Click or tap here to enter text. |

|  |  |  |  |
| --- | --- | --- | --- |
| **Project General**  **Area of Service (Check one)** | Cultural/Arts  Health  Education  Social Services  Environment | Other, explain | Click or tap here to enter text. |

## Signatures

|  |  |  |  |
| --- | --- | --- | --- |
| **Executive Director or CEO** | Click or tap here to enter text. |  | Click or tap to enter a date. |
|  | Printed Name | Signature | Date |
| **Board Chair or President** | Click or tap here to enter text. |  | Click or tap to enter a date. |
|  | Printed Name | Signature | Date |

## Grant Questionnaire (limit to 2 pages)

To complete this section, use the Guidelines & Instructions Document on our website for suggested content to address in each of the 7 categories. Type the information in the appropriate box. As you type the box will increase to accommodate the text and will add the second page.

|  |
| --- |
| 1. Organization |
| Click or tap here to enter text. |
| 1. Target Population & Community Need |
| Click or tap here to enter text. |
| 1. Brief Project Description |
| Click or tap here to enter text. |
| 1. Short-Term Outcomes & Impact |
| Click or tap here to enter text. |
| 1. Evaluation |
| Click or tap here to enter text. |
| 1. Financial Information and Sustainability |
| Click or tap here to enter text. |
| 1. WGA Criteria |
| Click or tap here to enter text. |