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| **2024 Grant Preliminary Application** Icon  Description automatically generated**Must be postmarked by November 8, 2023** **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****Submission Checklist**

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| **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 (Profit & Loss) Statement through  September 30\_\_\_9. Balance Sheets and Income (Profit & Loss) Statements for the prior 2 fiscal years Please email us with questions concerning this Preliminary Application  (grants@womensgiftalliance.org).US Postal Service Delivery Confirmation Receipt suggested for mailing. We will send an 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 \_\_\_\_\_\_\_\_ |

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| Organization Information (limit to 1 page)

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

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| **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 |

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

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| **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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| **2024 Organization Operating Budget** |
| **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. |

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| **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 status as found on the Determination Letter.** |  Click or tap to enter a date. |

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

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| 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, 2024 and conclude by June 30, 2026. Funds are available after July 1, 2024. 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. |

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

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| **Total Project** **Cost** | $Click or tap here to enter text. | **WGA Funding Request Amount** | Current Estimate: $25,000 |

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

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

Signatures

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| **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 |

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| 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.

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

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