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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**](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 (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](mailto: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   |  |  | | --- | --- | | **WGA**  **USE** | Date Received \_\_\_\_\_\_\_\_  Date Postmarked \_\_\_\_\_\_\_\_  Conf. Email Sent \_\_\_\_\_\_\_\_ | |

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| 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. | **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. |  |  | | --- | | **Mission Statement or description of organization** (limit of 3 lines) | | Click or tap here to enter text. |  |  |  | | --- | --- | | **Kootenai County Population Targeted by Your Organization** | Click or tap here to enter text. |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | **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. |  |  |  |  |  | | --- | --- | --- | --- | | **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. |  |  |  | | --- | --- | | **How did you hear about us?** | Click or tap here to enter text. | |

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| Grant Project Information (limit to 1 page)  |  |  | | --- | --- | | **Project Name or Title** | **Click or tap here to enter text.** |  |  |  |  |  |  | | --- | --- | --- | --- | --- | | **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. |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | **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** | Current Estimate: $25,000 |  |  |  | | --- | --- | | **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 | |

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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.   |  | | --- | | 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. | |