

Contact Person Information:

First Name _____

Last Name _____

Title _____

Email Address _____

Phone _____

Organization Information:

Organization Name _____

Organization Tax ID Number _____

Name of Fiscal Agent, if applicable _____

Street Address 1 _____

Street Address 2 _____

City, State _____ Zip Code _____

Web site _____

Organization Mission Statement:

Primary Programs/Services of Organization:

How did you find out about the IWF grant?

Email

Postal Mail

Newspaper

Radio

IWF Web site

Other _____



Grant Overview

Grant Category

- Leadership Development through Mentoring and Education
- Economic Security through Job Training and Skill-Building

Project Title _____

Requested Grant Amount _____ **Time Period The Grant Will Cover** _____

Iowa Counties Served By This Project _____

Project Description

Concise Summary of the Project. (200 words or less)

Why is the project needed and what is the overall goal? Quantify those needs and/or problems as relevant to our community. (200 words or less)

List the main objectives to achieve the overall goal. (200 words or less)

Activities to be conducted to meet each of the objectives. (200 words or less)

Timeline for activities including publicity. (200 words or less)



Community Partners and Project Design

**What other organizations are addressing the issues outlined in your proposal?
How does your project differ? (200 words or less)**

List any community partners and indicate how you are collaborating. (200 words or less)

How does your project design include gender specific programming? (200 words or less)

How many and in what capacity are project participants involved in the planning and decision-making? (200 words or less)

What methods insure that the project is inclusive and diverse? (200 words or less)



Social Change Methods

Indicate as many of the five approaches as apply to your project. Describe the results that will be achieved toward the proposed change(s) referenced in your application. (200 words or less)

- A. Defining/Re-framing—the issue is defined differently in the community or larger society.

- B. Services to Change Individual Behavior—the project will provide services and benefits to individual women and girls that help them change their lives and their futures.

- C. Engaging more People in Understanding, Believing, Advocating and/or Acting on Behalf of the Issue.

- D. Policy or Systems—the project will result in changes in a law or in institutional systems or process.

- E. Resistance or Deep Implementation—the project will resist efforts to undermine women’s rights OR the project will help deepen the implementation of an already accepted idea or law.

What is your plan for evaluating short and long term success? (200 words or less)

What is your plan for sustaining and/or replicating the project? (200 words or less)



Demographics

Age group that this project is designed to serve. (Check all that apply)

- | | | |
|---|---|---|
| <input type="checkbox"/> Girls ages 0—5 | <input type="checkbox"/> Women ages 18—25 | <input type="checkbox"/> Women ages 62+ |
| <input type="checkbox"/> Girls ages 6—11 | <input type="checkbox"/> Women ages 26—40 | |
| <input type="checkbox"/> Girls ages 12—17 | <input type="checkbox"/> Women ages 41—61 | |

Income level of the participants this project is designed to serve

- Extremely Low Income (<30% of Area Median Income)
- Very Low Income (31% - 50% of Area Median Income)
- Low Income (51% - 80% of Area Median Income)
- Moderate Income (81% - 120% of Area Median Income)

Estimate the percentage composition of geographic region this project is designed to serve:

Rural _____
 Suburban _____
 Urban _____

Other constituencies/groups this project is designed to serve

- | | |
|--|---|
| <input type="checkbox"/> Incarcerated women/girls | <input type="checkbox"/> Persons with mental disabilities |
| <input type="checkbox"/> Lesbians/Bi-sexual/Transgender women | <input type="checkbox"/> Persons with physical disabilities |
| <input type="checkbox"/> Non-traditional students | <input type="checkbox"/> Refugees |
| <input type="checkbox"/> Persons for whom English is a second language | <input type="checkbox"/> Single mothers |
| <input type="checkbox"/> Persons living with AIDS/HIV | <input type="checkbox"/> Teen mothers |
| | <input type="checkbox"/> Women in the trades |
| | <input type="checkbox"/> Women re-entering the workforce |

Estimate the number of persons served in each of the following groups:

Women _____	Men _____
Girls (Under 18 Years Old) _____	Boys (Under 18 Years Old) _____



Budget Summary

Project Name: _____

Organization: _____

Expense Categories	Total Request from IWF	Total from Other Sources (cash & in-kind support)	TOTAL
Advertising/Promotion	_____	_____	_____
Office Supplies	_____	_____	_____
Equipment (rental/purchase)	_____	_____	_____
Printing/Copying	_____	_____	_____
Postage/Shipping	_____	_____	_____
Phone/Internet	_____	_____	_____
Food/Catering	_____	_____	_____
Travel	_____	_____	_____
Contract Wages ¹ (Includes speakers' honoraria, stipends, etc.)	_____	_____	_____
Employee Wages (including taxes)	_____	_____	_____
Employee Benefits (Health insurance, retirement, etc.)	_____	_____	_____
Other Costs (please itemize)	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
TOTAL	_____	_____	_____

¹ IWF will consider funding contract wages necessary to carry out the project.

