

Iowa Women's Foundation – 2015 Grant Application

Please review the IWF Grant Guidelines and follow them carefully as you complete this application form. They are available at <http://iawf.org/grantmaking/application/>

You must use **ACROBAT READER version 10 or higher** to complete the form.

All grant applications must be received in the IWF office **no later than 5:00 pm on Friday, May 30, 2014.**

A. Project Information

| | | |
|---|---------------------|--|
| A1. IWF grant category (check one) | | <input type="checkbox"/> Economic self-sufficiency <input type="checkbox"/> Leadership development |
| A2. Project title | | |
| A3. Contact person/ Project Director (individual who will serve as primary contact for the project) | a. Name | |
| | b. Title | |
| | c. Telephone | |
| | d. Email | |
| A4. Requested grant amount | | |
| A5. Time period covered by the grant | | |
| A6. Iowa counties served by this project (continue in the "Additional Information" section on page 8, if necessary) | | |

B. Organization Information

| | | |
|--|---------------------|--|
| B1. Organization name | | |
| B2. Organization tax ID # | | |
| B3. Street address | | |
| B4. City. State. Zip Code | | |
| B5. Web address | | |
| B6. Organization's Chief Executive Officer , if different from Contact Person in A3., above | a. Name | |
| | b. Title | |
| | c. Telephone | |
| | d. Email | |
| B7. Name of fiscal agent , if applicable | | |



IOWA WOMEN'S FOUNDATION

2201 East Grantview Drive, Suite 200, Coralville, IA 52241

319-774.3813

Email: grants@iawf.org Web: www.iawf.org

C. Project Summary

C1. Concise summary of the project (1200 characters or less)

D. Organization Background

D1. Please list and briefly describe the primary programs and/or services of the organization
(1500 characters)

E. Project Goals, Objectives, Activities, Timeline

E1. Why is the project needed and what is the overall goal? Please quantify those needs and/or problems as relevant to our community (1200 characters or less)

E2. List the main objectives to achieve the overall goal (1200 characters or less)

E3. Activities to be conducted to meet each of the objectives (1200 characters or less)

E4. Timeline for activities including publicity (1200 characters or less)

E5. Plan for evaluating short- and long-term success. Include measurable pre- and post-project indicators of success. (1200 characters or less)

E6. How the women/girls served by this project provide input to the project's planning and decision-making processes. (1200 characters or less)

E7. If this proposal is related to a project previously funded by an IWF grant, please summarize outcomes in quantifiable terms and how they relate to this proposal. (1200 characters or less)

F. Project Design and Community Partners

**F1. What other organizations are addressing the issues outlined in your proposal?
How does your project differ? (1200 characters or less)**

F2. List any community partners and indicate how you are collaborating. Please include contact information for each organization listed. (1200 characters or less)

G. Project Budget

| | |
|---|--|
| G1. Project title (same as A2, above) | |
| G2. Organization (same as B1, above) | |

Please provide a budget **FOR THIS PROJECT ONLY** (not the entire organization).

| G3. Expense categories | Source of funds for this project | | |
|---|--|---|--|
| | Requested from Iowa Women's Foundation | Provided by another outside organization(s) | Provided from organization's own funds |
| a. Marketing expenses | | | |
| b. Office supplies | | | |
| c. Equipment expenses | | | |
| d. Phone/Internet expenses | | | |
| e. Food/Catering expenses | | | |
| f. Travel expenses | | | |
| g. Contract wage expenses | | | |
| h. Employee expenses | | | |
| i. Other costs (provide details in section G5) | | | |
| TOTAL EXPENSES | | | |
| | | | |
| G4. Funding sources | Requested from Iowa Women's Foundation | Provided by another outside organization(s) | Provided from organization's own funds |
| a. Amount requested from the Iowa Women's Foundation | | | |
| b. Amount provided by other organizations or donors | | | |
| c. Amount from organization's own budget | | | |
| TOTAL REVENUES (should match TOTAL EXPENSES, above) | | | |

G5. Budget narrative. Please provide a breakdown of the specific expenses for each line in the budget. See grant guidelines for additional information on what to include.

G6. If the Iowa Women's Foundation cannot provide all of the support requested above, will the proposed project be able to move forward with partial funding? If so, what adjustments will you need to make?

H. ADDITIONAL INFORMATION

H1. Use this section to provide additional information that will be helpful in the review of the proposal.
See grant guidelines for additional information on what to include.

H2. How did you find out about the IWF grant program?

