

Woods Charitable Fund Grant Application

Woods Charitable Fund

Applicant Questions

GRANT REQUEST

Project Name*

Character Limit: 100

Project Description*

Give a brief summary of the purpose of your request.

Character Limit: 2000

Objective & Effect*

State the objective(s) and the underlying need, problem or opportunity. Describe the effect and anticipated outcome(s).

Character Limit: 2250

Amount Requested*

State the total amount you are requesting to the nearest hundred dollars.

Character Limit: 20

Multi-year Funding Request*

Indicate whether this request is for one year only or if it is a multi-year funding request.

Choices

Yes, multi-year funding

No, single-year funding

If this is a multi-year funding request, please list the years and the amount requested for each year.

Character Limit: 200

Timing*

State when funding is needed.

Character Limit: 100

Anticipated Beginning Date of Project*

Character Limit: 10

Anticipated Ending Date of Project*

Character Limit: 10

Who and how many will be served?*

Include as much relevant information as is available, such as location, socio-economic status, marginalized or underrepresented communities, ethnicity, gender, age, physical ability and language.

Character Limit: 2000

Partnerships*

Discuss partnerships relevant to this proposal. If none, state n/a.

Character Limit: 1000

Work Plan*

Include key dates, activities and actions in this Work Plan area. If you prefer to electronically submit your Work Plan, upload your document in the "Upload a file" area below.

Character Limit: 1000 | File Size Limit: 1 MB

Evaluation Plan*

State how proposed objective(s), activities and outcome(s) will be evaluated.

Character Limit: 1500

FINANCIAL PLAN

Project Budget*

Please list sources and amounts of income, including this request, and their status (confirmed, pending, not yet applied for) and line-item expenses. Detail any line items in your budget that may need further clarification. If this is a multi-year request, indicate in budget. Or, if you have already created this document you may upload it below.

Character Limit: 1000 | File Size Limit: 1 MB

Development Plan*

If this is an ongoing program/project, how will it be sustained in the future?

Character Limit: 1000

Board Financial Commitment*

What percentage of your board makes a financial contribution to your organization? This could include donations, memberships, in-kind, etc.

Character Limit: 500

MISSION AND BACKGROUND OF THE ORGANIZATION

Mission

State your organization's mission statement.

Character Limit: 1000

Background of organization

Please give a brief description of your organization's history and this program/project.

Character Limit: 1000

Programs (for first-time applicants)

State key programs not otherwise included in this application.

Character Limit: 1000

REQUIRED ORGANIZATIONAL SUPPORTING MATERIAL

Operating Budget*

Provide your organization's current fiscal year and, if different, the year for which support is requested (include sources and amounts of income for all years). Upload an electronic copy of your budget(s).

File Size Limit: 1 MB

Financial Report-for the current period*

Include the organization's year-to-date INCOME AND EXPENSE statement. Please upload an electronic copy.

File Size Limit: 3 MB

Include organization's year-to-date BALANCE SHEET

File Size Limit: 2 MB

Review of Financial Statements*

Provide the highest level financial statement review available for the most recent complete fiscal year. (If your statements are not audited or reviewed, indicate why and submit your balance sheet and income/expense statement for the most recent complete fiscal year.) Please upload a copy of your audit or review file. **If you have trouble uploading your file, please contact our office.

File Size Limit: 8 MB

Board of Directors & Staff*

State the number and composition (ethnicity-gender) of each group (board and staff) for the last five years if available, by year. For the current board of directors, include only city and state addresses and affiliations. You may also include other aspects of diversity or relevance to your mission (lived experience, GLBTQ+, veteran status or others). Please use the text box provided or upload the information below. If additional space is required, use any of the Attachments #1 through #4 provided at the end of the application form.

Character Limit: 2000 | File Size Limit: 1 MB

MISCELLANEOUS ATTACHMENTS

Be sure that any attachment contributes in an important way to the understanding of this proposal. Please upload any applicable electronic files.

Attachment #1

File Size Limit: 3 MB

Attachment #2

File Size Limit: 2 MB

Attachment #3

File Size Limit: 1 MB

Attachment #4

File Size Limit: 1 MB

ELECTRONIC SIGNATURE APPROVAL (PREFERRED METHOD)*

By entering the signature information and clicking "I Agree", you certify that the statements contained in this application are true and correct to the best of your knowledge and belief, and by submitting the application, it becomes the property of Woods Charitable Fund, Inc. If your organization does not permit you to use electronic signatures, please see Optional Signature Method below.

Choices

I Agree

I Do Not Agree

Chairperson or other authorized board member

Character Limit: 75

Date

Character Limit: 10

Chief Executive Officer

Character Limit: 75

Date

Character Limit: 10

OPTIONAL SIGNATURE METHOD

If your organization does not permit you to use electronic signatures, please print the signature page of this application using the "Application Packet" button at the top right of your