Montclair Fund for Women

Multi-Year Grant Application Form

Montclair Fund for Women will accept multi-year grant applications based on the following criteria:

* A five-year history of receiving grant support from Montclair Fund for Women
* Successful completion of annual grant reporting
* Fiscal soundness (operating within the organization’s overall budget)
* Request should be similar to past grant awards. If you have asked for $10,000 each year, your grant request should be close to $10,000 per year/

$30,000 over three years.

* All other Montclair Fund for Women grantmaking criteria are met

Approval Specifications:

* Multi-year approval means the organization will submit one proposal in 2025 which will cover grant cycles 2025-2026, 2026-2027 and 2027-2028.
* Approval does not guarantee a specific grant amount over three years; Montclair Fund for Women makes annual distributions based on income and will do our best to ensure consistency in the amount the organization is granted.
* Payments will be made annually over the three-year period.

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ALL fields MUST be completed.
**Note:** fields will automatically expand to fit your text.

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| --- |
| Organization Name  |
| Organization Address  |
| Contact Person, Title, Email and Phone  |
| Organization Website  |
| Have you received grants from Montclair Fund for Women for the past five years?\_\_\_\_\_\_\_\_Yes \_\_\_\_\_\_\_\_No |
| Have you submitted annual grant reports?\_\_\_\_\_\_\_\_Yes \_\_\_\_\_\_\_\_No |
| Is your request similar in amount to previous years’ requests?\_\_\_\_\_\_\_\_Yes \_\_\_\_\_\_\_\_\_No |
| One or Two Sentence Description of Project |
| Total Project Budget for 3 years |
| Total Requested from Montclair Fund for Women for 3 years |
| Total Organizational Budget (3-year estimate of total income and total expenditures—please do not itemize unless there is a significant change predicted) |
| Organizational Background and Mission Statement  |
| Statement of Need, Project Goal and Objectives  |
| Use of Community as Methodology (please make reference to the definition of community on website)  |
| Target Population and Numbers Served  |
| Partners (please cite partners involved in this program / project)  |
| Project / Program Evaluation Plan and Timeline  |
| Board Members, Roles and Community / Work Affiliations  |

Once the previous fields have been completely filled in, email this form, and the following (as appropriate) to lheninger@montclairfundforwomen.org.

**REQUIRED:**

* Organization’s overall budget (pdf, xls, xlsx, jpg only - 5MB max)
* Proposed project budget (pdf, xls, xlsx, jpg only - 5MB max)
* Proof of IRS 501(c)(3) tax-exemption in good standing (pdf, jpg - 5MB max)
* Audited financial statement or IRS 990 (pdf, jpg - 5MB max)

**OPTIONAL:**

* Appendices or other items (pdf, jpg only - 1MB max)

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