Montclair Fund for Women

One-Year Grant Application Form

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

|  |
| --- |
| Organization Name  |
| Organization Address  |
| Contact Person, Title, Email and Phone  |
| Organization Website  |
| One or Two Sentence Description of Project |
| Total Project Budget |
| Total Requested from Montclair Fund for Women |
| Total Organizational Budget  |
| 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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