



# Women's Leadership Council Funding Request Application 2010



To Whom It May Concern:

We are pleased to announce that United Way's Women's Leadership Council is now accepting **Funding Request Applications** for 2010. This application format will be the standard for all funding requests. **WLC grant requests must be a minimum of \$10,000.**

All applications are due to Margie Lippard at United Way of Central Virginia, 1010 Miller Park Square, P. O. Box 10008, Lynchburg, VA 24506 **by June 15.** All information will be dealt with in a confidential manner.

Your program funding request must serve the needs of women and children and address one of these six 2010 WLC focus areas: ***Reducing Violence against Women; Unemployment and Job Skill Training; Childhood Obesity, Nutrition, and Exercise; Lowering School Drop Out Rates; School Readiness; and Poverty Issues: Homelessness, Utilities Assistance and Eviction.***

Applications will be considered for both new and existing programs of any 501(c)(3) agency or organization in Central Virginia. Please include all requested information in order for your application to be considered.

**If you have any questions, contact Margie Lippard at 455-6913.**

## All Funding Requests are due June 15.

Agency \_\_\_\_\_

Employer Identification Number: \_\_\_\_\_

The agency's governing board has approved this application including the proposed budget for submission to WLC. In addition, this agency attests that it will be able to provide documentation that any funding from the Women's Leadership Council is used in accordance with the stated purpose.

**Date of Board Meeting this application was approved:** \_\_\_\_\_

**Chief Volunteer Officer**

**Date**

**Chief Professional Officer**

**Date**

\_\_\_\_\_  
**(Signature)**

\_\_\_\_\_  
**(Signature)**

## GENERAL INSTRUCTIONS

1. Type and single-space all proposals. Applications will be limited to 3 pages, not including requested attachments. **Minimum grant amounts requested must be \$ 10,000.**
2. Provide all the information requested in the order listed. **Incomplete applications will be returned.**
3. Submit **one original and 6 copies** with numbered pages of the Funding Request Application. Please do **not** submit the instruction pages or information pages included in the packet for your use.
4. **Do not bind or staple**. The original should be clearly marked. Please 3-hole punch each application and secure with binder clips.

**Submit seven (7) copies of the following information, in this order, with the completed application.** Do not include materials other than those specifically requested.

- Name of agency or organization, address, CEO/Executive Director, phone, fax and e-mail.
- Agency's current board roster that includes names, addresses, telephone numbers and place of employment.
- Mission statement of agency or organization applying for WLC grant.
- Description of proposed program project. This should include the objective, total request amount, and intended outcome. Outline the procedures you will implement to accomplish and evaluate your project outcome.
- Identify the target population served by your project (who, how many, and where in Central Virginia).
- Description of how your program fulfills the mission of the WLC. What makes your program unique from others in the community?
- Results of the project or program if it has been in existence for one year or more. Projected results if program or project has been in existence for less than one year.
- A 12 month budget for your project, along with a description of funding secured or pending for it.
- Current fiscal year agency or organization budget and most recent complete and signed 990 (990EZs not accepted).
- The most recent audited financial statements for agency or organization
- The most recent year-to-date income/expense and balance sheet statements.
- IRS letter indicating that the applying organization or institution is exempt from taxation under Section 501(c)(3) of the Internal Revenue Code. No agency applications without 501(c)(3) status will be considered for funding.

# Women's Leadership Council– 2010 Funding Request Application

## GENERAL INFORMATION

- A. Agency Name: \_\_\_\_\_
- B. Address: \_\_\_\_\_
- C. Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_ E-mail: \_\_\_\_\_
- D. Chief Executive Officer: \_\_\_\_\_
- E. Agency Fiscal Year \_\_\_\_\_ Web: \_\_\_\_\_
- F. Agency's total operating budget for the agency's previous FY: \_\_\_\_\_
- G. Agency's total operating budget for the agency's current FY: \_\_\_\_\_
- H. Agency's anticipated total operating budget for the next FY: \_\_\_\_\_
- I. Does the agency currently have:
- |  | YES   | NO    |
|--|-------|-------|
| • General Liability Insurance                                | _____ | _____ |
| • Professional Liability Insurance                           | _____ | _____ |
| • Directors and Officers Insurance                           | _____ | _____ |
| • Bonding of paid personnel and volunteers handling finances | _____ | _____ |
| • Vehicle Insurance – owned and/or non-owned                 | _____ | _____ |
| • Workers Compensation Insurance                             | _____ | _____ |
| • Contents Insurance   | _____ | _____ |

## GOVERNING BODY

- A. Board Chairperson: \_\_\_\_\_ Phone Number: \_\_\_\_\_
- B. Date of organization's establishment: \_\_\_\_\_
- C. How many members serve on your board of directors? \_\_\_\_\_
- D. How often does the agency's board of directors meet? \_\_\_\_\_
- E. How often does the board review the financial statements? \_\_\_\_\_
- F. When did the board review and approve the annual budget? \_\_\_\_\_
- G. Has the board approved a policy, which states that the organization does not discriminate on the basis of age, race, religion, sex, or national origin? \_\_\_\_\_ Yes \_\_\_\_\_ No
- H. Is your board considering merging with any other organization at this time? \_\_\_\_\_ If yes, please describe on an attached sheet.
- I. Is registration with the Department of Agriculture and Consumer Services current? \_\_\_\_\_ Yes \_\_\_\_\_ No
- J. Total Agency Reserves: Restricted \_\_\_\_\_ Unrestricted: \_\_\_\_\_
- K. Total Agency Endowment: \_\_\_\_\_
- L. Are there leveraged dollars for this project (i.e. any matching funds or outside grants needing a match of funds)? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, how much? \_\_\_\_\_