



PLEASE TYPE OR PRINT. To be typewritten. Send 8 copies of application by December 1 to: Minnesota Women of Today Foundation, Minnesota Women of Today Chapter Service Center, PO Box 44242, Eden Prairie, MN 55344. To be eligible for a Chapter Grant your chapter must have made a donation to the MN Women of Today Foundation within the past two years.

Chapter Address: _____ District _____

Print Name _____ Date _____

Address _____

Email _____ Phone _____

Print Chapter president _____ Phone _____

Chapter membership _____ Amount requested _____

Beginning date of project _____ Completion date _____

Contact Person Signature _____ Chapter President Signature _____

Date _____ Date _____

- I. **SUMMARY OF PROJECT** – Summarize the project, briefly and concisely, using one or two paragraphs, stating the main goal.

- II. **INTRODUCTION** – Describe why your group is well suited to do this project.

- III. **STATEMENT OF NEED, PROBLEM OR CONCERN** – What needs are to be met and why?

- IV. **OBJECTIVES / GOALS** – Describe what the planned outcome of the program will be.

- V. **METHODS** – Describe how you plan to accomplish the goals and objectives including time schedule, resources needed, and involvement of community and non-members.

- VI. **PUBLICITY** – Describe how the project will be promoted. How will recognition be given to the Minnesota Women of Today and your chapter?

- VII. **EVALUATION** – Describe how you will determine to what degree your objectives/goals have been met.

- VIII. **FUTURE PLANS** – Is this project ongoing? If so, what are the future plans?

⁴⁰ Chapter Grant Application | Revised 2010 | Reviewed 2015 by MNWT Foundation Chair
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- IX. **BENEFICIARY** – Explain how your local chapter aided the beneficiary of this grant previously in any way. Explain why funds are not available from previous sources of income or from other agencies; use name of agencies. Estimate the total number of people to benefit directly from the completed project, and the number of disabled individuals to be benefited, if applicable.
- X. **PARTICIPATION / INVOLVEMENT STATISTICS** – Estimate the total number of people to be directly involved in completing this project, and the number of members and others.
- XI. **SUPPORTING MATERIAL** – Attach any available letters supporting your grant request, any pictures, brochures, etc. that will help tell your story. (Send 6 copies if possible).

Please complete additional information if this is an equipment request.

- XII. **Type of equipment.** Describe and attach pictures, if possible. List each item to be purchased and number to be purchased.
- XIII. **How and where will the equipment be used?**
- XIV. **Who and how many will benefit from this equipment (indicate any type of disability).**
- XV. **Name of at least two companies contacted and lowest bid on this equipment.** Attach supporting papers, if possible.
- XVI. **Does the company with the lowest bid allow "charity discount"? If so, how much? Would a trade-in apply? If so, in what amount?**

Budget

Itemize sources of income		Itemize anticipated Expenses	
Foundation grant			
Other (Specify source and amount)			
Total Income		Total Expenses	