



Grant Application

Cover Sheet

Name of Organization: _____

Address: _____

Executive Director: _____

Executive Director E-Mail: _____

Contact Person: _____

E-Mail: _____

Phone Number: _____

Amount of money requested from the Women's Fund: _____

Total cost of the program: _____

Type of program i.e. (educational, health, job training): _____

Number of clients benefitting from the program: _____

Age range of clients: _____

Targeted geographical area: _____

Grant requests must be signed by your Executive Director