



The Women's Fund Grant Application – Short Form

FOR GRANT REQUESTS UP TO \$1000

Date of Request:		Amount Requested: \$
Organization Name:		
Organization Address:		
Executive Director:		Phone:
Contact Person:	m Executive Director)	Title:
Fax:	n Executive Director)	Email:
Organization Type: Public () Private () Total	Membership:
Nonprofit? yes (); no () F	ederal Tax Exempt?	yes (); no (). If yes, indicate number:
Brief statement of your organ	nization's purpose: _	
Project Financing Total Project Cost:	\$	Geographic Area Served Rochester Oakland Township
Amount Requested:	\$	
Amount Funded by Others:	\$	Other (List)
 List of Board of Directors Finances: • Organizati Most received 	s with affiliations. ion's current annual c nt annual financial st d verify project need	r indicating 501(c)(3) tax-exempt status. operating budget, including expenses and revenue. atement (independently audited, if available; if not, attach Form 990). and collaboration with other organizations. (Optional)
Signature, Executive Director	or Equivalent	