ASHLAND COUNTY COMMUNITY FOUNDATION

Women's Fund Grants 2023-2024 Application Printable Preview **Worksheet**

**NOTE:** This document is not a valid application and is provided only as a worksheet to draft responses for your actual application. You will need to copy and paste from this worksheet into our online application system to initiate and complete your grant request. Visit [www.ashlandforgood.org/grants](http://www.ashlandforgood.org/grants) to log in and apply.

**Please note that the following documents will be requested for upload later in the application:**

* List of board of directors with affiliations
* Annual operating budget for your most recently completed fiscal year
* Additional information, if available, such as an itemized list of major expenses, photos/details of major equipment/supplies being purchased, quotes for capital improvements, renderings or similar for capital projects, etc.

**Fields with an asterisk (\*) are required.**

# Organization Information

Note: You may use your GuideStar profile to help populate your application form. Before doing so, please be sure that your GuideStar profile contains the most up-to-date information.

To auto-populate your form with GuideStar profile answers click the "Copy GuideStar Profile" button in the top right corner. Simply pick and choose which answers you would like to pull into the form by clicking the checkbox next to the applicable answer. When finished selecting, click the "Copy Answers" button in the bottom right of the pop-up and the GuideStar data will be pulled into the applicable fields in the form.

Please note that copying answers will not overwrite any existing answers and any answers pulled from GuideStar which populate into your form can be edited and updated. If you do not have a GuideStar profile you may simply answer the questions by typing or copy/pasting in your response.

**Year Founded\***

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**Type of Organization\*** (Select one)

501(c)(3) nonprofit

Educational institution (school, college, university)

Governmental agency

Church

None of the above

If you answered "None of the above," please explain.

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**Mission Statement\*** (1,000 character limit)

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**Organization History\*** (3,000 character limit)

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**Total Assets\***

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**Total Liabilities\***

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**Total Revenue\***

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**Total Expenses\***

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# Request Information

**Project Name\***

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**Amount Requested\***

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**Total Project Cost\***

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**Type of Support\***

Please select the primary type of support requested for your specific program/project.

Project grant

Program development

Seed money

Equipment

Capital building project

Matching/challenge grant

# Statement of Need

**Identification & Evidence of Need\***  
What is the problem, challenge or need that is unaddressed or unmet? (Please include any research, statistics or evidence that shows this need or benefit exists.) (3,000 character limit)

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# Program/Project Description

**In one sentence, tell us for what specifically you are requesting funding.\*** (350 character limit)

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**Specific Grant Request\***

Describe your grant request in one paragraph.(This area may be seen by other potential funders, so please include the most important aspects of your request.) (1,500 character limit)

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**Population Description\***

Briefly describe who will benefit directly from the grant. (500 character limit)

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**Population - Total\***

Enter the total number of people to benefit directly from your proposed program/project. This number will be broken down into several categories below. In each of the categories below -- Age, Gender and Geographic Area -- the sum of your entries within each of the categories (age, gender, geographic area) should equal the total population figure stated here.

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**Population - Age**

Please enter the anticipated number of individuals to benefit directly from your proposed program/project in each of the age groups below. Enter "0" in any age group that is not directly impacted by your grant request. (The sum of these numbers must equal your Total Population figure stated above.)

**Children & Adolescents\***

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**Adults\***

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**Seniors\***

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##### **Population - Gender**

Please enter the anticipated number of individuals to benefit directly from your proposed program/project in the gender categories below. Enter "0" in either group if they are not directly impacted by your grant request. (The sum of these numbers must equal your Total Population figure stated above.)Bottom of Form

**Female\***

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**Male\***

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**If needed, please provide additional detail re: population-gender** (250 character limit)

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**Population - Geographic Area\***

Please select the primary geographic area of the population that will benefit directly from this grant.

Ashland City

Ashland County

Northern Ashland County

Southern Ashland County

Beyond Ashland County

**Population - Geographic Area**

Please enter the anticipated number of individuals to benefit directly from your proposed program/project in the geographic area categories below. Enter "0" in either group if they are not directly impacted by your grant request. (The sum of these numbers must equal your Total Population figure stated above.)

**Ashland County\***

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**Non-Ashland County/Other\***

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**Timeline\***

Provide a timeline for implementation of the requested grant (to complete in one year). Please note: programs/projects already completed by the May 15 deadline date will not be reviewed. (2,000 character limit)

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# Program/Project Budget

Please complete the project-specific budget below. **All figures entered are to be those directly related to the project for which you are requesting funding**, not for the entire organization or for an entire program division of the organization.

When completed, the Revenue section should equal the Expenses section. Additionally, Total Revenue, as well as Total Expenses, should be the same figure as the Total Project Cost stated in the Request Information tab.

**PROJECT-SPECIFIC REVENUE**

*These are all the revenue sources (dollars secured or pending) that will pay for the proposed project. The total revenue should match the Total Project Cost entered on the Request Information tab.*

**ANTICIPATED ACCF GRANT SUPPORT:\***

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**OTHER ANTICIPATED REVENUE SUPPORT:**

These are contributions anticipated from other sources besides ACCF, to exclude in-kind support. Please enter below the Source of funding, the Amount and whether these dollars are secured or pending.

**Other Revenue1** – Source

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Other Revenue1 – Amount

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Other Revenue1 - S/P

Dollars Secured

Dollars Pending

**Other Revenue2** – Source

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Other Revenue2 – Amount

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Other Revenue2 - S/P

Dollars Secured

Dollars Pending

**Other Revenue3** – Source

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Other Revenue3 – Amount

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Other Revenue3 - S/P

Dollars Secured

Dollars Pending

**Other Revenue4** – Source

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Other Revenue4 – Amount

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Other Revenue4 - S/P

Dollars Secured

Dollars Pending

Other Revenue5 – Source

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**Other Revenue5** – Amount

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Other Revenue5 - S/P

Dollars Secured

Dollars Pending

**ANTICIPATED IN-KIND SUPPORT:**

(In-kind support is donated goods and services. In this section, enter the description and value of any donated support. In other words, what would you pay for the supplies, materials, labor, etc. if they were not being donated?)

**InKind1** – Description

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InKind1 – Value

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**InKind2** – Description

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InKind2 – Value

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**TOTAL REVENUE\***

Enter the sum of all revenue sources listed above. This total should equal the Total Project Cost entered on the Request Information tab earlier in the application.

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**PROJECT-SPECIFIC EXPENSES**

These are all the anticipated expenses that will be incurred for the proposed project. These are not ongoing organizational operating expenses. The total expenses should match the Total Revenue figure entered above, as well as the Total Project Cost entered on the Request Information tab.

**ORGANIZATION-SPECIFIC STAFF COST:**

This figure should be the total staff cost associated specifically with the project for which you are requesting funding. It is possible that this figure would be "0" if the staff time required to implement the project is absorbed into current wages. If, however, additional staff expense will be incurred in implementing this project, the appropriate figure should be entered.

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**SUBCONTRACTOR COST:**

For our purposes, subcontractors are human capital outside the organization. (Examples include speakers, facilitators, construction companies, travel/bussing, etc.)

**Subcontractor1** – Description

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Subcontractor1 – Amount

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**Subcontractor2** – Description

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Subcontractor2 – Amount

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**Subcontractor3** – Description

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Subcontractor3 – Amount

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**EQUIPMENT & SUPPLIES:**

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**TOTAL EXPENSES\***

Enter the sum of all expenses listed above. This total should equal the Total Revenue figure above, as well as the Total Project Cost entered on the Request Information tab earlier in the application.

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# Funding Plans

**Partial Funding\***

Would you accept partial funding of your request for this program/project?

Yes

No

**Partial Funding Narrative\***

What plan is in place to move this program/project forward should full funding of this request not be granted? (If you answered above that you would not accept partial funding, please use this space to state why.) (1,500 character limit)

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**ACCF does not provide multi-year grants or sponsorship funding. If this will be an ongoing program/project, describe plans and specific sources for long-term/future funding.** (1,500 character limit)

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**Collaboration\***

What other organizations are involved or collaborating with this requested grant (outside of fundraising efforts). Explain the level of support in each relationship. Be specific. (If none, please enter N/A.) (1,500 character limit)

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# Evaluation & Results

Tell us what success would look like for your project and describe how you will measure success.

Keep SMART goals in mind: specific, measurable, achievable, realistic/results oriented, and time based. For measurement, how will we know the grant made an impact.

**EXAMPLES**

For program or related requests:

* Success would be increasing female enrollment in the STEM program at ABC School.
* I will measure success by comparing enrollment numbers for next year to this year's enrollment numbers.

For equipment/capital improvement requests:

* Success would be construction of a training platform and steel-framed building to go around the training bins at XYZ Training Facility. This would improve the training experience of students and first responders.
* I will measure success by reaching our fundraising goal and completing the construction of the platform and building.

**What does success look like for this project?\*** (1,000 character limit)

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**How will we know that this project is successful?\*** How will you measure success? (1,000 character limit)

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# File Uploads

**Top of Form**

**Board of Directors\***  
Please provide a list of your Board of Directors with affiliations.

Upload a file [2 MiB allowed]

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**Top of Form**

**Operating Budget\***Please provide your organization's annual operating budget for the most recently completed fiscal year.

Upload a file [2 MiB allowed]

**Bottom of Form**

**Top of Form**

**Supplemental Material1**  
**It is highly encouraged** that you provide the Committee with additional information about the program/project for which you are requesting funding, if available. Please upload it here.  
Example supplemental materials:

* Itemized list of expenses
* Specifications on equipment or supplies being purchased
* Quotes for major purchases or capital improvements
* Drawings, designs, blueprints for proposed project

*(Letters of support are not required or recommended.)*

Upload a file [6 MiB allowed]

**Bottom of Form**

**Top of Form**

**Supplemental Material2**  
If you wish to provide the Committee with additional information about the program/project for which you are requesting funding, please upload it here.  
Example supplemental materials:

* Itemized list of expenses
* Specifications on equipment or supplies being purchased
* Quotes for major purchases or capital improvements
* Drawings, designs, blueprints for proposed project

*(Letters of support are not required or recommended.)*

Upload a file [4 MiB allowed]

**Bottom of Form**

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**Supplemental Material3**  
If you wish to provide the Committee with additional information about the program/project for which you are requesting funding, please upload it here.  
Example supplemental materials:

* Itemized list of expenses
* Specifications on equipment or supplies being purchased
* Quotes for major purchases or capital improvements
* Drawings, designs, blueprints for proposed project

*(Letters of support are not required or recommended.)*

Upload a file [4 MiB allowed]

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