

**2022-2023**

**Women’s Philanthropy Leadership Council**

**Grant Application Template**

*When completing this application:*

1. *Download* ***Instructions and******Best Practices****.*
2. *Download* ***Instruction and Best Practices****.*
3. *All questions must be answered in the online application.*
4. *When a word count is listed, please use that number as a guideline for limitations placed on length, and not as exact.*

Section 1 – General Information

*(Organization Information and/or Individual Requesting Grant)*

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| **Project Name:** | Text Entry Field |
| **Project Purpose statement:**  \**Not to exceed 2-3 sentences.*  *Please reference Best Practices document for guidance.* | Text Entry Field |
| |  | | --- | | **Please summarize the project**  *(not to exceed 250 words)***:** | | Text Entry Field |
| **Indiana University Campus:** | *The online application has a campus drop-down box.* |
| **Name of Department, Organization, or Individual:** | Text Entry Field |
| ***If an individual (please choose one):*** | ☐Student ☐Faculty ☐Staff |
| **Legal name (if different):** | Text Entry Field |
| **Name of primary contact:**  *(List the name of the person responsible for managing the project.)* | Text Entry Field |
| ***If an organization or department:*** |  |
| **Annual operating budget:** | Text Entry Field |
| **Number of paid staff:** | Text Entry Field |
| **Number of volunteers:** | Text Entry Field |
| **Provide a link to organization or department website:** | Text Entry Field |
| **IU Campus/Department Mailing Address:** | Text Entry Field |
| **Primary contact phone number:**  *(List a cell phone and office phone number for the person managing the project.)* | Text Entry Field |
| **Primary contact email address:**  *(List an IU email address for the person managing the project.)* | Text Entry Field |
| **Campus Administrator:**  *(List the name of campus administrator(s) who approve this project.)* | Text Entry Field |
| **Campus Administrator phone number:** | Text Entry Field |
| **Campus Administrator email address:** | Text Entry Field |
| **Identify the IU connections related to the project.** *All IU sponsors or partnerships, IU project beneficiaries, and/or participants in the project.*  *(Please reference Resource Glossary.)* | Text Entry Field |
| **What are the primary programs and services of your organization?**  *Briefly describe – no more than five sentences.* | |
| Text Entry Field | |

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| **Have you received WPLC funding before?** | * Yes ☐No |
| **If yes, please indicate name(s) of grant(s) and when award was received.** | Text Entry Field |
| **In order to receive funding, an IU fiscal account is required. Do you have an IU account, or an IU fiscal officer who will create an account to receive funds?** | ☐Yes ☐No |
| **If yes, please provide IU account name, number, sub-account.** | Text Entry Field |

Section 2 – Project Information

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| **WPLC focus areas:** *(Check any that apply. If other, please describe.)*  ⧠ Improve public health  ⧠ Create service-learning experiences  ⧠ Support leadership initiatives  ⧠ Promote and advance STEM disciplines  ⧠ Provide educational and cultural enrichment  ⧠ Develop a culture of philanthropy  ⧠ Other |
| Text Entry Field |
| **Is this an expansion of a current project or a new project?** |
| ⧠ Expansion |
| ⧠ New Project |

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| **Total proposed project budget:**  *(Note: Please ensure this amount aligns with “Column 1” on the Excel budget sheet)* |
| Text Entry Field |

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| **Total dollars committed from other sources to date. Please list these commitments:** *(Note: Please ensure this amount aligns with “Column 2” on the Excel budget sheet)* |
| Text Entry Field |
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| **Total funds requested from WPLC** *(between $2,500 to $25,000):*  *(Note: Please ensure this amount aligns with “Column 4” on the Excel budget sheet.)*  \*Please note we do **NOT** pay indirect costs; food and swag items are not usually approved. Consider other sources of support for in-kind donations such as food and swag. |
| Text Entry Field |
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| **Budget Narrative: How will you use funds from the WPLC?** (Not to exceed 500 words) |
| Text Entry Field |
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| **To the best of your knowledge, has your project fulfilled all necessary legal, regulatory, or licensing requirements (if any)?** |
| Text Entry Field |

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| **List your project’s social media sites (e.g., Facebook, Twitter, Instagram, etc.)** |
| Text Entry Field |

Section 3 – Project Narrative

*Please answer the following questions.*

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| 1. **Describe the specific needs this project addresses?** 2. **How were constituent needs assessed?** 3. **What are the unique and/or innovative aspects of your project?**   (not to exceed 500 words) |
| Text Entry Field |

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| **How will you evaluate and demonstrate that the project was effective? *\*****Please be specific as to the data you will collect and provide to support your determination of the project’s success.*  (not to exceed 250 words) |
| Text Entry Field |

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| **Describe the constituents served by this project.** |
| **Demographics** (Be as specific as possible.) |
| |  |  | | --- | --- | | **Age range(s) served:** | Text Entry Field | | **Race(s)/Ethnicities served:** | Text Entry Field | | **Sexual Orientation(s) served:** | Text Entry Field | | **Number of people directly served:** | Text Entry Field | | **Geographic region(s) served:**  **(Includes local, state, national, and global communities.)** | Text Entry Field | | **Other:** | Text Entry Field | |
| **How does this project address Diversity, Equity, and Inclusion?** Reference definitions in the **Glossary**.  *\*Important to state how this project contributes to Diversity, Equity, and Inclusion (DEI) at Indiana University.*  (not to exceed 150 words)  Text Entry Field |
| **How will DEI achievements be measured?**  (not to exceed 150 words)  Text Entry Field |
| **How does the individual or team proposing this project embody Diversity, Equity, and Inclusion?** Reference definitions in the **Glossary**.  (not to exceed 150 words)  Text Entry Field |

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| **Outline the timetable for the project and include up to 5 major outputs and/or outcomes you seek to accomplish. How will these outputs/outcomes be measured?**  *Timeline should be realistic with grant related academic year. Indicate what may be delayed if the project is not fully funded.*  (Not to exceed 500 words) |
| Text Entry Field |

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| **If this project will continue after the WPLC grant money has been spent, please describe how you will continue to fund this project.** (Not to exceed 250 words) |
| Text Entry Field |

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| **Please include information regarding any significant partnerships and collaborations for your project.** (Not to exceed 250 words) |
| Text Entry Field |

Section 4 - Project Budget

Please complete the budget template (Excel spreadsheet) and upload when submitting the application.