



WOMEN IN NEED OF SUPPORT

A component fund of:



PROPOSAL COVER PAGE

WINS ENDOWMENT FUND
2018-2019 CFP

Please limit your responses to the space provided.

SHORT PROJECT TITLE:

AMOUNT OF GRANT REQUEST:

PROJECT DURATION: Start Date:

End Date:

Duration (____ months/____ years)

APPLICANT ORGANIZATION INFORMATION:

Organization:

Address (Street, City, State, Zip):

Phone:

Fax:

Web Address:

Email Address:

EIN/Tax ID:

IRS Classification (e.g. 501 (c)(3) or other):

KEY CONTACT FOR ORGANIZATION:

Name:

Title:

Address (Street, City, State, Zip):

Phone:

Fax:

Email Address:

PERSON WITH PRIMARY RESPONSIBILITY FOR THE PROPOSED PROJECT:

Name:

Title:

Address (Street, City, State, Zip):

Phone:

Fax:

Email Address:

POPULATION(S) SERVED BY PROJECT: *(briefly describe and estimate total number of individuals to be served)*

GEOGRAPHIC AREA(S) SERVED BY PROJECT: *Communities:*

SUMMARY OF PROPOSED PROJECT:

PERSON AUTHORIZED TO SIGN FOR APPLICANT ORGANIZATION:

NAME:

TITLE:

SIGNATURE:

DATE: