Grant Application

The Community Foundation of Greater Flint

Flint Women and Girls Fund Grant Application

Application / Project Name:

Application Party ID:

Organization ID#:

Legal Name of Organization applying

Contact Person Name

Title

Email Address

Phone Number

Start Date

End Date

Total Program Cost

Amount Requested
Flint Women and Girls
Application #:

**Project Information**

Please tell us about your organization including when you were founded, your mission and vision, and who you serve.

How would you describe this project in one sentence?

**Geographic Area Served**

How many women and girls will be served by this program/project?

What will be better as a result of the program/project?

**Essay Questions**

Describe how the program/project aligns with one or more of the stated funding priorities/funding areas of the Flint Women and Girls Funds Request for Proposals and Theory of Change.

What community needs will your project address?

How do you propose to address the need(s) described above? Include goals and activities.
Project Impact

Describe how this program/project’s outcomes will be measured.
Describe how the women and girls served by this project/program were involved in the creation of the project/program.

Describe any significant partnerships/collaborative relationships instrumental to the success of the project. (Letters of Support and Memorandums of Understanding are strongly encouraged).

What is your organization’s experience working on this type of project? Who will be responsible for the project’s oversight and why?

Sustainability

Explain whether, and how, Community Foundation of Greater Flint funds will be used to leverage additional dollars.

If your project is funded by CFGF, what are your plans for continuing the project at the end of the grant period? Include funding.

Can your project move forward with a partial grant from CFGF? Please describe.
**Sign & Submit**

By entering the name of the organization’s Executive Director, you are confirming their support of the project through this digital signature.

**Executive Director:**

**Date:**

If you are ready to submit your application, please enter your digital signature and click submit. Please note: You may be contacted by a Program Officer if further information is needed.

**Applicant Signature:**

**Date:**

*Please print and retain a copy for your records.*

**Community Foundation of Greater Flint**

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