

Women's Giving Circle Grant Application (Spring 2024) 2024

Application

Summary

The Women's Giving Circle at Connecticut Community Foundation was formed in 2017 to bring women together to learn about issues affecting women and girls in Greater Waterbury and the Litchfield Hills, to join their dollars, and to make grants that will improve lives. Grants are available to nonprofit organizations that support women and girls in Greater Waterbury and the Litchfield Hills. For more information on the Giving Circle, please click [here](#).

Description

This year the Giving Circle's grantmaking will be focused on the topic of resiliency. Resiliency is a crucial factor in improving the lives of women and girls as it empowers them to navigate and overcome challenges, adversities, and discrimination. There are several ways in which resiliency contributes to the enhancement of the well-being of women and girls. These include coping with adversity, leadership, education, health and well-being, social and economic empowerment, breaking gender stereotypes, and overcoming gender-based challenges.

The Giving Circle will be funding up to \$5,000 grant requests this year.

The Giving Circle will be asking the following questions when reviewing applications:

- Is the organization or project addressing systemic challenges faced by women and/or girls?
- Does the applicant or proposed project facilitate conversations and learning opportunities focused on the resiliency of women and/or girls?
- Does this project or initiative provide benefits to underrepresented populations?
- Is your organization committed to internal growth and learning related to diversity, equity, and inclusion?

The Giving Circle will give priority to:

- Proposals focused on equity
- Proposals promoting equitable outcomes

Applications must be received by midnight on May 3, 2024.

All grant finalists must be available to attend a meeting of the Women's Giving Circle in person. This meeting will be held on **June 6, 2024 at 6:30 p.m.** to meet Giving Circle members and answer their questions about your proposal. The location information will be sent out after applications are received.

For questions, please contact Wanda Y. Correa at wcorrea@conncf.org.

Contact

Wanda Correa

<https://conncf.org/supporting-nonprofits/grantmaking-overview>

Organization, Primary Contact, Fiscal Agent

Please do not use bulleted lists or quotation marks and limit use of apostrophes as these cause issues with the application formatting.

Organization Information

Legal Name of Organization*

Please click on Organization Profile in the bar at the top of the page now to review your information.

Has any of your organizational information changed?

- No Yes

Institution Type

- non-profit organization (501c3)
- educational institution
- fiscally-sponsored group
- government
- None of Above

We now require you to complete the Nonprofit Registration to Solicit Funds from the CT Department of Consumer Protection.

Select your organization's current status:*

- My organization has applied for exemption
- My organization is currently registered
- My organization is exempt and has received an exemption

Total Number of Staff Employed by Organization:*

Number of Board Members:*

Number of Senior Leadership Staff: *

CEO/Executive Director Information

First Name*

Last Name*

Title*

Email Address*

Telephone Number*

Is the primary contact for this application different from the organization's CEO/Executive Director?*

No

Yes

Are you partnering with a fiscal sponsor for this application (if your organization does not have 501c3 nonprofit status)? *

No

Yes

Organization Demographics

Please do not use bulleted lists or quotation marks and limit use of apostrophes as these cause issues with the application formatting.

Connecticut Community Foundation has embraced a strategic direction, grounded in data and informed by community input. We have determined as an organization that, in order to be effective and have the greatest impact, we need to pursue equitable and just outcomes aimed at reducing disparities. As such, we encourage our nonprofit partners to take stock of their organizational leadership and to consider if it is reflective of the community that it serves. (The Foundation, being in the midst of its own organizational journey, humbly recognizes that this process can take time.) So that we can better understand the makeup of your organizational leadership (Board members and Senior Leadership staff), please provide the following demographic information to the best of your ability. If you have questions about this section, contact Foundation staff for more information.

Organization Information

Please provide the following demographic information for the Executive Director:

Does the Executive Director (or equivalent) of the organization identify as Black, Indigenous, Person of Color (BIPOC)?*

- Yes
- No

Race/Ethnicity*

- Asian / Asian American
- Black / African American
- Hispanic / Latino/a/x
- Middle Eastern / North African
- Multi-Racial / Multi-Ethnic
- Native American / Alaska Native
- Native Hawaiian / Pacific Islander
- White (Non-Hispanic)
- Other / Unspecified

Gender*

- Female
- Male
- Non-Binary
- Transgender
- Other/Unspecified

Race/Ethnicity

Board of Directors

Senior Leadership Staff
(Other than Executive Director)

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Asian / Asian American

Black / African American

Hispanic / Latino/a/x

Middle Eastern / North African

Multi-Racial / Multi-Ethnic

Native American / Alaska Native

**Native Hawaiian / Pacific
Islander**

White (Non-Hispanic)

Other / Unspecified

Gender

Board of Directors

Senior Leadership Staff
(Other than Executive
Director)

Female

Male

Non-Binary

Transgender

Other/Unspecified

Are there additional populations that serve on your Board or Senior Leadership Team that you would like us to know about (such as youth, older adults, people with disabilities, LGBTQ+ individuals, etc.)?

How many people does your organization serve annually? *

Of that number, approximately what percentage are women or girls?*

Please list the percentage as a number between 0-100.

Project Information

Please do not use bulleted lists or quotation marks and limit use of apostrophes as these cause issues with the application formatting.

Project / Request Name*

Character Limit: 100

Total Project Cost*

Amount Requested from CCF*

Estimated Project Start Date*

Estimated Project End Date*

Estimated # of People Served by Project*

Of those you will be serving with this project, what percentage will be women or girls?*

Please list the percentage as a number between 0-100.

Priority Area Addressed by Grant*

Women's Giving Circle

Please provide a very brief (1-2 sentence) description of your proposed grant project.*

Character Limit: 300 | Please do not use bulleted lists or quotation marks and limit use of apostrophes.

Is this a reapplication request for the continuation of a project the Foundation supported within the past 2 years?*

No Yes

Request Narrative

Please do not use bulleted lists or quotation marks and limit use of apostrophes as these cause issues with the application formatting.

Please provide a brief description of your agency's mission, principal services, and primary clients. *

Please do not use bulleted lists or quotation marks and limit use of apostrophes.

Please describe the specific need/issue that your project will address. *

Please do not use bulleted lists or quotation marks and limit use of apostrophes.

Briefly, how did you determine this need? Did you engage the community in this process? If so, how? You may include data, surveys, community input, or any other methods you used.*

Please do not use bulleted lists or quotation marks and limit use of apostrophes.

How does your proposed program or project relate to the Foundation's funding priorities in this particular grant area? (Please refer to [Grant Guidelines](#)) *

Workplan (Details of Proposed Request)

Please do not use bulleted lists or quotation marks and limit use of apostrophes as these cause issues with the application formatting.

How, when and where do you plan to implement the grant? List principal steps to complete the program (e.g. hire staff, recruit participants, carry out training, purchase equipment, etc.), proposed dates for activities, and where they will take place. *

Please do not use bulleted lists or quotation marks and limit use of apostrophes.

Who in your organization will be responsible for these activities? Please briefly describe what experience (professional or personal), if any, specified staff have with the issue/topic being addressed.*

Please do not use bulleted lists or quotation marks and limit use of apostrophes.

Do you plan to collaborate with other agencies or partners on this work? If so, please list these partners and detail the nature of this collaboration.*

Results & Outcomes

Please do not use bulleted lists or quotation marks and limit use of apostrophes as these cause issues with the application formatting.

**What are your goals for this proposal? How will you know that your project is successful? *List the specific, projected results of your activities. For each goal, please note:- How much do you expect to have you done (for example, number of participants attending all sessions)?- How well do you expect to have done it (specific benefits/progress participants achieved, client satisfaction, etc.)?
- How will you have measured it? What tool will you use to assess the result (for example, surveys, pre- and post tests etc.)?**

Leveraging & Sustainability

Please do not use bulleted lists or quotation marks and limit use of apostrophes as these cause issues with the application formatting.

Do you expect this potential grant to help raise or leverage additional funding for the project? *

Please do not use bulleted lists or quotation marks and limit use of apostrophes.

What resources have you explored/identified that could help to keep this work going after this requested grant is finished? (For instance, fees for service, donations, grants, public funding, etc.)*

Please do not use bulleted lists or quotation marks and limit use of apostrophes.

Attachments

Click [here](#) to download project budget template.

Project Budget for New Request*

No file chosen

Organizational Operating Budget for current year*

No file chosen

Board of Directors List, with contact information*

No file chosen

You can use this section to upload a letter of support/collaboration, feasibility study, vendor bid, etc.

- If applying for a collaborative project, attach a letter of support from partner(s).
- If applying for a program in schools, attach a letter(s) of commitment.
- If applying for a capital campaign, attach a copy of your campaign feasibility study.
- If applying for equipment, technology or other capital costs, attach any bids you have received. There is a minimum of one bid.

Other documentation (as needed)

No file chosen

No file chosen

Signatures

**Electronic
Signature of
Person
Completing
Application***

Name*

Title*

Date Signed*

**Electronic
Signature of
Executive Director
or equivalent***

Name*

Title*

Date Signed*