

Fall River Women's Union

Funding Application Guidelines

101 Rock Street Fall River, Massachusetts 02720

GUIDELINES FOR SUBMISSION UPDATED 2017 (APPLICATION BELOW) **PLEASE NOTE APPLICATION UPDATES BELOW**

- Only 501(c)(3) Non-Profit Organizations serving women and children in the Greater Fall River area may apply. A copy of your 501(c)(3) approved letter from IRS must be included with this funding application if you have not previously submitted your current letter.
- FRWU requires organizations to obtain and submit at least two written bids for any equipment and/or materials requested and the time frame these prices will be in effect with this application. An effort should be made to obtain the best price possible; this includes any discounts or special prices for non-profit organizations. Specialized equipment where only one source is available is exempted from obtaining more than one bid; however, that one written bid must be submitted with the application.
- If your organization is governed by a Board of Directors or Trustees, please attach a list of the governing body.
- A written statement must be provided indicating that your organization is free of outstanding indictments, litigation, convictions or conflicts of interest that would prevent it from properly qualifying to receive funding. If any such circumstances are present, a written explanation must be provided.
- You must use all funds awarded to you within one year from the date of receipt. If not, contact the FRWU to explain why you were not able to move forward.
- This application must be completed and signed by the Executive Director of your organization.
- You are required to provide a Follow-Up Report when the project is complete.

SPRING funding requests must be POSTMARKED on or before April 15th.

FALL funding requests must be POSTMARKED on or before August 31st.

Please submit a total of 11 copies: 10 copies + the original application.

Please note that we will not accept any funding request for general operating expenses.

Fall River Women's Union 101 Rock St Fall River, MA 02720
Contact Telephone 508-674-8861 email: FRWU02720@aol.com

Fall River Women's Union Funding Application (Updated 2017)

Date: _____

Name of Organization: _____

Address: _____

Telephone #: _____ Email: _____

Chief Executive Officer or Executive Director: _____

Web Site _____

Project Name: _____

Contact: _____ Title: _____

Funding Request \$ _____ Telephone # _____

Please circle each location serviced by this specific program and provide the number of clients served by that location.

Assonet _____ Fall River _____ Little Compton _____

Somerset _____ Swansea _____ Tiverton _____

Westport _____ Other _____

Have you received funding from the FRWU in the past? YES NO

Please circle projected sources for funding this specific program and include percentages.

United Way _____% Federal _____% Endowments _____%

Private _____% State _____% Other _____%

Grants _____% Fall River Women's Union _____%

Would someone from your organization be willing to meet with a group from the FRWU Board? Be prepared to provide a one-page budget summary during this interview.

YES NO

Would someone from your organization be willing to speak at a FRWU meeting?

YES NO

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PLEASE COMPLETE THE FOLLOWING QUESTIONS

1. Please state your organization's mission. If it has no formal mission statement, please describe the purpose of your organization.
2. Please provide a brief history of your organization and its current services, including demographic information about those who are directly served.
3. Describe the specific project for which you are requesting funding. Please include information regarding the community need your proposed project seeks to address.
4. Specifically, how will the requested funds be used and how many clients / participants do you anticipate serving?

5. Is this a new venture, an expansion, or a continuation of an existing project?

6. What is the project's planned start date and duration?

7. Briefly describe the immediate results expected and the long range results anticipated from this project funding.

8. How will your organization measure the success of the project?

9. Name other organizations, if any, with which you will work. Please include details regarding the specific role that any other organization(s) will play.

10. If you plan to continue the project beyond the funding period, how will this project be funded in the future?

11. Briefly describe the role of volunteers in this project and in your organization.

Submitted by: _____ Title: _____ Date: _____

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