

Fall River Women’s Union

A charitable foundation serving women and children since 1873

Fall River Women’s Union
101 Rock Street
Fall River, MA 02720

508-674-8861
www.frwu.org
grants@frwu.org

The Fall River Women’s Union accepts grant requests from 501(c)3 nonprofit agencies aiding women, children, and families throughout the greater Fall River area.

Grants for projects and programs are awarded in the Fall of each year; and grant funds for camperships and summer programs are given in the Spring.

Submit the grant application electronically by the deadlines to
grants@frwu.org

For Fall allocations – Applications must be received by August 31st.

For Summer programs – Applications must be received by April 30th.

Table of Contents:

<i>Page 1.....</i>	<i>Contact Information and agreements</i>
<i>Page 2-5.....</i>	<i>Grant application and questions</i>
<i>Page 6.....</i>	<i>Optional questions and authorized signatures</i>

Fall River Women's Union Grant Application Form

Date of Application: _____ FALL 20__ __ OR Spring 20__ __

Legal Name of Organization: _____

Year Founded: _____ Current Annual Operating Budget: \$ _____

Do you have an endowment or trusts as part of your budget? YES NO

Website: _____

EIN# _____ (Please include a copy of your 501(c)(3) approval letter)

Executive Director/President: _____

Email: _____ Telephone: _____

Grant Contact: _____ Title: _____

Email: _____ Telephone: _____

Address Administrative Office:

(street)

(City) (State) (Zip)

Address location of grant services if different from above:

(street)

(City) (State) (Zip)

Please attach a list of your governing board (Board of Directors, Trustees, etc.)

Please initial _____ I certify, to the best of my knowledge, that our organization is free of outstanding indictments, litigation, convictions or conflicts of interest that would prevent it from properly qualifying to receive funding.

Please initial _____ I agree to use all funds awarded within one year from date of receipt. If all funds are not allocated, I also agree that The Fall River Women's Union will be contacted with an explanation of why the funds were not utilized.

Please initial _____ I understand that this grant application does not include any request for general operating expenses.

Please initial _____ I agree to provide a follow-up status report when this project is complete within 60 days of the completion of the grant project.

Grant Application

Grant Project Name: _____

Funding Request: \$ _____

Please indicate each location served by this specific program:

<input type="checkbox"/>	Assonet	<input type="checkbox"/>	Fall River	<input type="checkbox"/>	Little Compton
<input type="checkbox"/>	Somerset	<input type="checkbox"/>	Swansea	<input type="checkbox"/>	Tiverton
<input type="checkbox"/>	Westport	<input type="checkbox"/>	Other:		

Please indicate number of people served – estimate the number of individuals you predict will participate in, or benefit from, this project: (numbers or percentage):

Number of Children (female)		Number of Children (male)	
Number of Adults (female):		Number of Adults (male):	

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

Please indicate projected sources for funding this specific program and include percentages if applicable:

United Way:	%	State:	%
Private:	%	Endowments:	%
Grants:	%	Fall River Women's Union:	%
Federal:	%	Other:	%

Please Complete the Following Questions:

1.	Please state your organization's mission. If your organization has no formal mission statement, please describe the purpose of your organization:
2.	Provide a brief history of your organization
3.	Provide a brief description of your current services, including an explanation of the demographic information provided on page 2 about those you serve:
4.	Describe the specific project for which you are requesting funding. Please include information regarding the community need your proposed project seeks to address.
5.	Please indicate: Is this a new venture? YES _____ NO _____ An expansion of a previous project? YES _____ NO _____ A continuation of an existing project? YES _____ NO _____
6.	Time period for this project (please be as specific as possible): Start date: _____ End date: _____
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? Will there be any evaluations by participants?

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9.	Name any other organizations, if any, with which you will work/partner. Please include details regarding the specific role of any other organization(s) :
10.	Is there any cost for the participants? If so please explain:
11.	How will you adjust the project if the Fall River Women's Union cannot fund this project or cannot fund the entire amount requested?
12.	If you plan to continue the project beyond this grant period, how will this project be funded in the future?
13.	Briefly describe the role of volunteers in this project and in your organization:
14.	Does your agency have a Non-Discrimination/Diversity, Equity & Inclusion statement? YES _____ NO _____ If yes please provide the statement:
15.	Are there other specific, unmet needs in the community that this service/program addresses, not discussed in Question #4?

16. **Estimated budget**

- Please note that no fund request for general operating expenses will be reviewed.
- If requesting funds for any equipment and/or materials:
 - Please obtain and submit at least two written bids for the equipment/material and the time frame these prices will be in effect with this application.
 - The Fall River Women's Union reserves the right to request the bill of sale as part of the follow-up status reporting required at the end of the grant period.
 - Please make an effort 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.

Describe how the requested funds will be used and include any specific amounts you estimate as costs ? (i.e. equipment, training, marketing, programing, etc.)

The following questions are optional:

17.	Would a tour of your facility and/or program be available to members of our board? YES _____ NO _____ Would someone from your organization be willing to meet with a member(s) from the Fall River Women's Union Finance Board to discuss this grant project? YES _____ NO _____ If YES, who would we contact: Name: _____ Email: _____ Phone: _____
18.	Would someone from your organization be willing to speak at one of our Board meetings? YES _____ NO _____ If YES, who would we contact: Name: _____ Email: _____ Phone: _____ Do you have the capability of using Zoom to speak at a meeting? YES _____ NO _____
19.	Do you have any meeting space available for a Fall River Women's Union meeting? YES _____ NO _____ If yes, what is the capacity of your meeting space? _____
20.	May we use your logo on our website and/or in our newsletter? Please attach a jpeg or png to this application or email it to grants@FRWU.org

Grant submitted by _____

Title: _____ Date: _____

I certify, to the best of my knowledge, that all information provided in this application is accurate and all statements are true:

Signature of Executive Director/CEO: _____

Check List (*see guidelines for details*)

A copy of your 501(c)(3) approved letter from IRS is included.

If applicable you have submitted at least two written bids for any equipment and/or materials requested.

If applicable, a list of your governing board is included.

A written statement is provided indicating that your organization is free of outstanding indictments, litigation, convictions or conflicts of interest.

The application is signed by the Executive Director of your organization.

You understand follow-up reporting form is required when the project is complete.