Please print or type and submit your application online (preferred method) by December 1 to [Foundation@mnwt.org](mailto:Foundation@mnwt.org) If mailing, send to Minnesota Women of Today Foundation, PO Box 232, Anoka, MN 55303. To be eligible for a Chapter Grant your chapter must have made a donation to the Minnesota Women of Today Foundation within the past two years. Grant requests are awarded in the range of $200.00 to $2,000.00 based on funds available.

Chapter Name District Chapter Address Chapter Email Chapter President Phone Submitter Name Phone Chapter membership Amount requested Beginning date of project Completion date

Submitter Signature Date Chapter President Signature Date

1. SUMMARY OF PROJECT – Summarize the project, briefly and concisely, using one or two paragraphs, stating the main goal.
2. INTRODUCTION – Describe why your group is well suited to do this project.
3. STATEMENT OF NEED, PROBLEM OR CONCERN – What needs are to be met and why? What is your history with the organization you will be working with?
4. OBJECTIVES / GOALS – Describe what the planned outcome of the program will be.
5. METHODS – Describe how you plan to accomplish the goals and objectives including time schedule, resources needed, and involvement of community and non-members. What efforts have you put in place as a chapter to achieve these goals?
6. PUBLICITY – Describe how the project will be promoted. How will recognition be given to the Minnesota Women of Today and your chapter?
7. EVALUATION – Describe how you will determine to what degree your objectives/goals have been met.
8. FUTURE PLANS – Is this project ongoing? If so, what are the future plans?
9. PARTICIPATION / INVOLVEMENT STATISTICS – Estimate the total number of people that will be directly involved in completing this project; please give estimates for the number of members and the number of other volunteers.
10. SUPPORTING MATERIAL – Attach any available letters supporting your grant request, any pictures, brochures, etc. that will help tell your story. (Send 6 copies if possible).

**Please complete additional information if this is an equipment request.**

1. Type of equipment. Describe and attach pictures, if possible. List each item to be purchased and number to be purchased.
2. How and where will the equipment be used?

XII. Who and how many will benefit from this equipment (indicate any type of disability.

XIV. Name of at least two companies contacted and lowest bid on this equipment. Attach supporting papers, if possible.

XV. Does the company with the lowest bid allow "charity discount"? If so, how much? Would a trade-in apply? If so, in what amount?

**Budget**

|  |  |  |  |
| --- | --- | --- | --- |
| **Itemize sources of income** | | **Itemize anticipated Expenses** | |
| Foundation grant | $ |  | $ |
| Other (Specify source and  amount) | $ |  | $ |
| Fundraisers Completed by  Chapter | $ |  | $ |
| Future Fundraisers planned by  Chapter | $ |  | $ |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| **Total Income** | **$** | **Total Expenses** | **$** |