



The Women's Fund of Rhode Island (WFRI) has designed the proposal process to be as straightforward as possible. If you have any questions, please email us at [info@wfri.org](mailto:info@wfri.org) or call us at 401-262-5657.

**1. Proposal Summary Form**

Organization /Agency Name:

Chief Executive Name:

Street Address:

City, State, Zip:

Telephone Number:

Website address:

Does your organization have tax-exempt 501(c)3 status? Yes      No

If yes, EIN of your organization:

If not, what organization serves as your fiscal sponsor for this project?

Chief Executive of fiscal sponsor:

EIN of your fiscal sponsor:

Project Name:

Contact Person and Title:

Telephone Number Fax number:

E-mail address:

Project/program start date:

Project/program end date:

Total organization budget: \$

Total project budget: \$

Amount requested from WFRI: \$

Number of women/girls to be served by the project?

## **2. Proposal Narrative**

This narrative should be limited to no more than five (5) typed pages, with one-inch margins, in 11 point type and, if printed rather than submitted through email, on white paper. All applications should be submitted in English. **If submitting via email, please submit as one full document as a .pdf.**

***Please identify the WFRI area(s) of concern that your proposed project addresses for women and/or girls in RI (if more than one, arrange in rank order):***

- Civic Engagement & Leadership
- Economic Self-Sufficiency & Justice, particularly relating to fair/equal pay and a living wage
- Political Representation
- Health and Well-Being, particularly relating to access to reproductive health and freedom or freedom from sexual harassment
- Educational Advancement

### **A. Introduction and context**

- Why do you want to carry out this proposed project? What need are you addressing? How did you determine the need for this project? Why is this a gender issue?
- How does this proposed project fit in with your organization's values, mission and direction? Briefly summarize your organization's mission.
- How are you focusing on the unique needs of women and/or girls in the design, implementation and evaluation of this project?
- How does this proposed project reflect emerging issues, innovative strategies, sound research, or proven models?
- Is this project/program a new effort? If not, how long has it been in operation?

### **B. Action plan**

Describe of the project/program. Identify who will be served, the specific goals and activities to be undertaken.

### **C. Diversity**

Describe how diversity is reflected in the structure of this initiative and throughout your organization. How does the proposed project/program incorporate an understanding of differences in demographics at the intersection of gender? Who is your audience?

**D. Outcomes and Evaluation:** An important part of the grant award is to understand how the organization knows the goals/objectives have been met. As you think about the project, think about what change will be made and how you will know when that change has been achieved.

- List 3-5 outcomes for the project against which you will measure its success
- Explain how you will evaluate the project and how you will use the results

***\*Note: Organizations that are awarded WFRI grants are required to complete two written evaluations, one at mid-year and one at the end of the project, addressing your progress towards your intended outcomes and highlighting lessons learned.***

**E. Other:** Often organizations use other resources to support projects. What other resources will you

use to be successful in this project?

- Are there other funders participating in this project? If yes, please tell us who they are and what they are contributing to the project.
- Are you collaborating with other organizations or agencies on this project? If yes, please describe who you are collaborating with and how you are collaborating.
- If this is a multi-year project, how will you finance this project in the future?

**Lobbying:** If this program/project involves lobbying, please tell us how much money is expected to spent in direct lobbying \$\_\_\_\_\_ and indirect lobbying \$\_\_\_\_\_.

### **3. Budget:**

Please provide a detailed budget for your proposed program/project, including cost for human resources, program materials, marketing and communications, overhead costs and any other expected budget items. Identify which costs WFRI will be covering through its grant, and which costs will be covered by other funders. The budget should be attached to this application in .xls format (see last page for sample).

For the purpose of this grant, please provide a budget narrative (briefly describe what budget items you expect to pay for to successfully execute this program/project).

### **4. SIGNATURE:**

Chief Executive Signature (of agency or of sponsoring agency fiscal agent) authorizing submission of proposal:

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CEO Signature

Printed Name

Date

### **SUBMISSION**

In order to ensure that WFRI receives all the information needed to make an informed review, assessment and decision, provide the following:

1. Proposal Summary Form (cover sheet to this application)
2. Proposal Narrative Project (pages 2-3)
3. Project Budget Form (please provide in .xls format)
4. CEO/Fiscal Agent Signature
5. Organization's Financial Statement (balance sheet and statement of income and expense for your organization's most recently completed fiscal year)
6. Your IRS 501(c)3 letter of determination
7. If submitting via email, please submit all items as one full document in .pdf

**NOTE:** If you are using a fiscal sponsor, include that organization's IRS Letter of Determination plus a letter to the Women's Fund from your fiscal sponsor indicating its willingness to serve in this capacity.

Email entire package to [knevins@wfri.org](mailto:knevins@wfri.org) or mail, ensuring package arrives by end of business on the due date. Ensure that your proposal package is received at the Women's Fund by end of business on **March 15, 2019**. Our address: 245 Waterman Street #503, Providence, RI 02906.

**Women's Fund of Rhode Island  
Project Budget Form 12 Month Budget**

Name of applicant organization \_\_\_\_\_

Item	Grant Request to WFRI	Other funds or resources contributed by your organization	Funds or resources supplied by another funder or organization (please identify)	Total Line Item budget
<b>Personnel</b>				
Salaries and Wages (list individual positions, full or part time)				
<b>Taxes and benefits total</b>				
<b>Consultants and professional fees (specify)</b>				
<b>Total Personnel Costs</b>				
<b>Program</b>				
Travel				
Supplies				
Printing & copying				
Telephone and fax				
Postage and delivery				
Rent and utilities				
Other program costs (please specify)				
<b>Total Program Costs</b>				
<b>Total Project Budget</b>				