

The Women's Fund

O F H E R K I M E R & O N E I D A C O U N T I E S

Women's Fund of Herkimer and Oneida Counties
Grant Application
Cover Sheet

Name of Organization: _____

Address: _____

e-mail address: _____

Phone number: _____

Executive Director: _____

Contact Person: _____

Amount of money requested from the Women's Fund: _____

Total cost of the program: _____

Type of program i.e. (educational, health, job training): _____

Number of clients benefitting from the program: _____

Age range of clients: _____

Targeted geographical area: _____

Please complete and attach this form to your application.
All grant requests must be signed by your Executive Director

The Women's Fund Grant Checklist:

14 Copies of the following documents:

- Complete and attach grant application Cover Sheet
- Letter of Intent (not to exceed 2 pages – see guidelines for information to be included)
- Project Budget
- Executive Director Signature on Letter of Intent

1 copy of the following documents:

- Current Board list
- IRS 501 (c)(3) determination letter
- Most Recent Audit
- Supporting documentation (optional – limited to 2 pages)

Grants are due Friday, September 19, 2008 at 2 Williams St., Clinton, NY 13323 by 4:00 PM. We will not consider any applications received later than this time/date. We will not accept grants sent by FAX or e-mail.