

# UNITED WAY OF SOUTHEAST LOUISIANA WOMEN UNITED

Leading the Charge | Inspiring the Change

## Women United Grant Request Form

### Women United

As an integral part of United Ways across the world, Women United fights for the health, education, and financial stability of every person in every community. We are a diverse, vibrant community bound together by a powerful sense of belonging – to each other, to our missions, and to the women and children in Southeast Louisiana.

### Procedures & Guidelines

1. The Women United grant request PDF form is online at [UnitedWaySELA.org/WomenUnited](https://UnitedWaySELA.org/WomenUnited).
2. All funding requested must align with United Way SELA's [Blueprint for Prosperity](#).
3. Applications are open to the public. Women United members and/or pre-determined agency staff member can advocate for a proposal during a finite period provided during a Women United Allocations Committee Meeting. After discussion, anyone associated with the agency – including staff, board members and/or proposal sponsors – will be asked to leave the room and recuse themselves from voting.
4. Please submit grant request forms to [PaigeD@UnitedWaySELA.org](mailto:PaigeD@UnitedWaySELA.org). Late or incomplete applications will not be accepted.
5. You will receive an email confirmation when the form is received.
6. Please allow six (6) months for approval/denial, as submissions are reviewed by the Women United Allocations Committee and must be approved by the Executive Committee, General Membership, and the United Way SELA Board of Trustees.
7. Any questions? Please contact Paige Davis, Sr. Director Resource Development & Women United, [PaigeD@UnitedWaySELA.org](mailto:PaigeD@UnitedWaySELA.org).
8. Women United typically allocates grants between \$5,000 and \$15,000 but will consider other amounts in rare cases, should funding be available. Applications are due March 1 and September 1. LATE applications will not be accepted, but can be included in the next funding cycle.
9. If applying for overall organizational funding, applicants must submit the approved annual budget for the organization. If applying for funding for a specific program, project, initiative, or event, applicants must submit a breakdown of program, project, initiative or event revenue and expenses. A sample budget outline can be found on our resource page.
10. The applicant will be invited to present to the Women United Allocations Committee for approximately 5 minutes, either online and/or in-person, to share background, data, outcomes, and evaluation tools.
11. If funded, organizations will be required to reporting requirements, including providing results six (6) months after the start date and results at the conclusion of the program.

# Women United Grant Request Form



1.	<b>Nonprofit Organization Name</b>	
2.	<b>The organization is registered and active with the Louisiana Secretary of State and Guidestar/Candid as a tax-exempt nonprofit under Section 501(C)(3) of the Internal Revenue Code</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.	<b>Applicant First and Last Name</b>	
4.	<b>Applicant Title</b>	
5.	<b>Applicant Email Address</b>	
6.	<b>Applicant Cell Phone Number</b>	
7.	<b>Organization's Mailing Address</b>	
8.	<b>Current Women United member</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
9.	<b>Funding request is for the organization overall OR a specific program, project, initiative, or event</b>	<input type="checkbox"/> Organization Overall <input type="checkbox"/> Specific Program, Project Initiative, or Event
10.	<b>Name of specific program, project, initiative, or event (if applicable)</b>	
11.	<b>Description of the organization's mission and/or program, project, initiative, or event (if applicable)</b>	
12.	<b>Description of the organization and/or program, project, initiative, or event's impact with quantitative statistics</b>	

\*Please use an additional page(s) if you need more space and indicate the question number.

13.	<p><b>Description of community members served by the organization OR program, project, initiative, or event</b> <i>(to include, but not limited age, race, ethnicity, gender, marital status, income, education, and employment.)</i></p>	
14.	<p><b>Geographic areas served by the organization OR program, project, initiative, or event</b></p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Jefferson Parish</li> <li><input type="checkbox"/> Orleans Parish</li> <li><input type="checkbox"/> Plaquemines Parish</li> <li><input type="checkbox"/> St. Bernard Parish</li> <li><input type="checkbox"/> St. Tammany Parish</li> <li><input type="checkbox"/> Tangipahoa Parish</li> <li><input type="checkbox"/> Washington Parish</li> </ul>
15.	<p><b>Number of unique/unduplicated community members served by organization OR program, project, initiative event program</b> <i>(indicate by parish if applicable)</i></p>	
16.	<p><b>Requested grant amount from Women United</b></p>	<p style="text-align: center;">\$</p>
17.	<p><b>Budget for the organization OR program, project, initiative event</b> <i>(budget template available on our Women United website)</i></p>	
18.	<p><b>List of other foundations and resources solicited or secured for the organization OR program, project, initiative, or event</b> <i>(indicate dollar amounts and if funds are solicited or secured)</i></p>	
19.	<p><b>Total amount needed (all funding groups) for the organization OR program, project, initiative, or event</b></p>	

\*Please use an additional page(s) if you need more space and indicate the question number.

20.	Describe how the organization and/or program, project, initiative, event directly address root causes of poverty and align with United Way SELA's mission?	
21.	Describe how the organization and/or program, project, initiative, event align with Women United's mission to support the unique health and human service needs of women and children in Southeast Louisiana?	

By signing below, you have read and understand the procedures and guidelines and you certify all information is true and correct to the best of your knowledge.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\*Please use an additional page(s) if you need more space and indicate the question number.

# Organization OR Programmatic Budget Template

<b>Budget Category</b>	<b>Total Income</b>	<b>Request from Women United</b>
<b>TOTAL INCOME</b>		

<b>Budget Category</b>	<b>Total Expense</b>	<b>Request from Women United</b>
<b>TOTAL EXPENSES</b>		

\*Please use an additional page(s) if you need more space and indicate the question number.