



**The United Way of Volusia-Flagler Counties' Women's Initiative has \$22,000 in limited grant funding available to local organizations and their programs that are either new and/or serve an unmet or under met need of homeless women and children within the Volusia & Flagler County area.**

**Grants will focus on the mission of the Women's Initiative which is: The investments of the Women's Initiative creates positive, measurable, long-term change in the lives of women and children by focusing on root causes and pooling resources to increase the impact.**

**Please supply complete answers to the questions listed on the attached application. You may use more space than provided, but brevity will be appreciated.**

**Applications should be mailed or delivered to the United Way office at 3747 W. International Speedway Blvd., Daytona Beach, no later than 4:00 p.m. on July 14, 2008.**

**Review of grant applications will be completed by a volunteer allocation panel. Final decisions on funding will be made by the Women's Initiative Board in late July or early August.**

**Please contact Renee Gay at United Way if you have any questions at 386-253-0563 ext. 248.**





Volusia-Flagler Counties

**Women's Initiative  
Limited Funding Distribution Application**

**APPLICANT:** \_\_\_\_\_

**EXECUTIVE DIRECTOR:** \_\_\_\_\_

**ORGANIZATION PHONE NUMBER:** \_\_\_\_\_

**E-MAIL:** \_\_\_\_\_ **FAX:** \_\_\_\_\_

**WEB SITE:** \_\_\_\_\_

**STREET ADDRESS:** \_\_\_\_\_

**MAILING ADDRESS:** \_\_\_\_\_

\_\_\_\_\_ **ZIP:** \_\_\_\_\_

**CONTACT PERSON:** \_\_\_\_\_

**DAYTIME TELEPHONE NUMBER OF CONTACT PERSON:** \_\_\_\_\_

**E-MAIL:** \_\_\_\_\_ **FAX:** \_\_\_\_\_

**DATE OF ORGANIZATION START-UP** \_\_\_\_\_

**FLORIDA NOT FOR PROFIT CORPORATION CHARTER NO.** \_\_\_\_\_

**Please include a copy of your 501(c)3 certification.**

**APPLICANT'S FISCAL YEAR BEGINS:** \_\_\_\_\_ **ENDS:** \_\_\_\_\_

**AMOUNT REQUESTED FOR GRANT FOR FISCAL YEAR 2007:** \_\_\_\_\_

**Note: the Women's Initiative grant funding is one-time, limited funding.**

**ADMINISTRATIVE ABILITY  
PURPOSE OF GRANT**

**PLEASE DESCRIBE YOUR PROGRAMS. HOW WILL YOU USE WOMEN'S INITIATIVE FUNDS TO SUPPORT THE PROGRAM(S)? PLEASE SPECIFY PROGRAMS THAT WILL BE PAID FOR WITH WI FUNDS.**

**EXPLAIN WHY FUNDING REQUESTED FROM THE WOMEN'S INITIATIVE IS ESSENTIAL FOR THE DEVELOPMENT OF THE PROGRAM.**

**FINANCIAL INFORMATION**

**PLEASE PROVIDE A COMPLETE LISTING OF THE PROPOSED SOURCES OF INCOME FOR THE PROGRAM(S) FOR WHICH YOU ARE APPLYING FOR FINANCIAL ASSISTANCE. PLEASE INDICATE THE AMOUNT AND PERCENTAGE OF MATCH THAT YOUR ORGANIZATION IS PROVIDING. IF WOMEN'S INITIATIVE GRANT FUNDS WILL DRAW DOWN ADDITIONAL GRANT FUNDING FOR THIS PROJECT, PLEASE INDICATE HOW MUCH AND WHAT RATIO.**

**FINANCIAL INFORMATION**

**PLEASE PROVIDE A PROGRAM BUDGET FOR THE PROGRAM(S) FOR WHICH YOU ARE APPLYING FOR FINANCIAL ASSISTANCE. CALCULATE THE TOTAL COST OF YOUR PROGRAM PER PARTICIPANT BASED ON THE LISTED PROGRAM COST AND TOTAL ESTIMATED NUMBER OF PARTICIPANTS.**

**Grant Deadline: July 14, 2008, 4:00pm**

