

**West Central Initiative
CHANGEMAKER GRANT APPLICATION**

APPLICANT INFORMATION

Applicant organization name:

Applicant organization address:

City:

State:

ZIP code:

Applicant organization phone:

Applicant organization Employee Identification Number (EIN):

Contact person:

Title:

Contact person phone:

Email:

FISCAL AGENT (IF DIFFERENT FROM ABOVE)

Name:

Address:

City:

State:

ZIP code:

Contact person:

Title:

Telephone:

Email:

Fiscal agent's EIN:

PROJECT INFORMATION

Name of Project:

Cash requested from WCI

\$0

Cash from other sources

\$0

In-kind from other sources

\$0

Total project cost (cash plus in-kind)

\$0

Project start date:

Project end date:

Please provide a 2-3 sentence summary of the project for which you are requesting funds:

Geographic area served by project:

CERTIFICATION

I certify that the information contained in this grant application is true and correct to the best of my knowledge and belief, and that I have the authority to apply for the funds requested:

Signature:

Title:

Date:

PROJECT EXPENSES/COSTS			
	TO BE PAID USING WCI GRANT	TO BE PAID USING CASH FROM OTHERS	IN-KIND EXPENSE/COST
Salaries and Benefits	\$0	\$0	\$0
Contractual Services	\$0	\$0	\$0
Travel	\$0	\$0	\$0
Communications (postage, printing, telephone, etc.)	\$0	\$0	\$0
Occupancy (rent, utilities, insurance, etc.)	\$0	\$0	\$0
Supplies	\$0	\$0	\$0
Equipment	\$0	\$0	\$0
Administrative Expenses	\$0	\$0	\$0
Other:	\$0	\$0	\$0
Other:	\$0	\$0	\$0
Other:	\$0	\$0	\$0
TOTAL COSTS	\$0	\$0	\$0
GRAND TOTAL EXPENSES/COSTS			\$0
PROJECT INCOME			
	CASH SUPPORT	IN-KIND SUPPORT	
West Central Initiative	\$0	\$0	
Applicant	\$0	\$0	
Other Local Sources	\$0	\$0	
Other Foundations	\$0	\$0	
Fees	\$0	\$0	
Other:	\$0	\$0	
Other:	\$0	\$0	
TOTAL SOURCES OF FUNDS	\$0	\$0	\$0
GRAND TOTAL INCOME/SOURCES OF FUNDS			\$0

BUDGET NARRATIVE

What resources are you and others contributing to this project?

What are the specific activities for which WCI funds will be used?

PROJECT NEED

Why is the proposed project needed? Evidence, such as data or research, documenting the need for this project will strengthen your application.

How will your project address the need you have identified?

GOALS/ACTIONS/OUTCOMES/MEASURES

Each project must have at least one, and up to three, short-term goals. For each goal, you are asked to list the action(s) that will be taken to achieve the goal and timeline for completion. If you are successful in securing a grant, you will be asked to report against the achievement of these goals. Therefore, you should only state goals that can be achieved and measured during the life of the project. Begin by listing a project goal. Next, list your action timeline. In other words, list the actions that will be taken to achieve this goal and the associated deadline for completion. Finally, list measures you will track to determine if you have achieved your goal.

Goal	Action	Timeline	Outcomes/Measures
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SUSTAINABLE DEVELOPMENT GOAL(S) – Select from one to three

Indicate at least one, and up to three, Sustainable Development Goals addressed by your project. For the purposes of this application, we are focusing on the impact of this project, not of your organization overall.

Goal 1:

Please explain how your project addresses this goal.

Goal 2:

Please explain how your project addresses this goal.

Goal 3:

Please explain how your project addresses this goal.

INCLUSION

How have the people who will be affected by your project been included in project planning and how will they be engaged in carrying out the project?

DEI INFORMATION

WCI is committed to addressing disparities and inequities within our organization and through our work. As a result, WCI is attempting to assess ourselves. To do that, we are asking you to provide us information about your organization's make-up. Please answer the questions below to the best of your ability.

Responding to these questions is required as part of the grant application. However, your responses will not affect your eligibility for funding nor the amount of your award. WCI is simply collecting information for the purpose of measuring our effectiveness at serving every person within the region.

ORGANIZATIONAL INFORMATION

Does your organization currently collect demographic data for board and/or staff? (circle one)

Board: YES / NO

Staff: YES / NO

How many individuals serve on the board of your organization?

How many staff does your organization employ?

Please indicate the number of board and staff that identify as each of the following or choose the "unknown" option.

GENDER

Board

Staff

Women

Men

Transgender

Gender Non-Conforming/Non-Binary/Queer

Unknown

Sexual Orientation

Board

Staff

Lesbian/Gay/Bisexual/Queer

Heterosexual

Unknown

Race/Ethnicity

Board

Staff

African American/African Black

American Indian/Alaskan Native

Arab American/Middle Eastern/North African

Asian/Asian American

European American/White

Hispanic/Latinx/Chicano/Chicana

Native Hawaiian/Pacific Islander

Other

More than one

Unknown

Disability

Board

Staff

One or more known disabilities No

Disabilities

Unknown