Before you begin:

* Be sure to review our 2025 Grant Guidelines and How to Apply guide.
* When you have completed the initial application below, please save it as a PDF file and email it to patricia@womensfoundationnj.org. You should receive a confirmation email within 24 hours.
* The initial application is due by Friday, January 17, 2025, at 11:59 PM.
* If you have any questions, please contact WFNJ Administrator, Patricia Klecanda at patricia@womensfoundationnj.org.

# Organization Information

Legal Organization Name:

Address:

City: State: Zip:

Phone: Website:

Federal Tax ID: Tax Status:

# Contact Information

Chief Executive Contact

Prefix: First Name: Last Name:

Title:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email:

Office Phone:

Primary Contact for this Request

Prefix: First Name: Last Name:

Title:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email:

Office Phone:

Mission Statement (limit 100 words):

|  |
| --- |
|     |

Year established:

 Briefly describe your organization’s current programs and activities (limit 300 words):

|  |
| --- |
|     |

Current annual operating budget: $

Previous funding from WUIP?: c Yes c No

|  |  |
| --- | --- |
| WUIP Priority Area:  | c Health & Wellness  |
| *(Choose one or more)*  | c Career Advancement, Job Training & Placement  |
|   | c Safe & Affordable Housing |
|  | c Food Security |
|  | c Child Care  |
|    | c Emerging Needs  |
| Proposed Project Title:  |   |
|  |  |

Please provide a brief description of your proposed project. Please include the population to be served, geographic area served, and proposed impact (limit 500 words):

|  |
| --- |
|    |

Estimated Project Cost: $

Number of women that will be served by the project in one year: \_\_\_\_\_\_\_\_\_

How would Women United in Philanthropy funds be budgeted (limit 200 words)?:

|  |
| --- |
|  |

Do you have other sources of funding for this project? If so, explain (limit 200 words):

|  |
| --- |
|   |

If this is the expansion of an ongoing project, when was the project established?

If your organization is located outside of Bergen County, please specify how this project will serve women in Bergen County (limit 200 words):

|  |
| --- |
|   |

Thank you for your time and interest in partnering with Women United in Philanthropy and the Women’s Foundation of New Jersey. Our grants committee will review all initial applications by the end of January. If your organization is invited to advance, a full application will be emailed to you.