



**2022-2023**

**Grant Application Template**

*When completing this application:*

1. *Download* ***Instructions and******Best Practices****.*
2. *Download* ***Grant Application and Grant Budget form****.*
3. *All questions must be answered in the online application.*
4. *When a word count is listed, please use that number as a guideline for limitations placed on length, and not as exact.*

Section 1 – General Information

*(Organization Information and/or Individual Requesting Grant)*

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| **Project Name:** | Text Entry Field |
| **Project Purpose statement:**\**Not to exceed 2-3 sentences.**Please reference Best Practices document for guidance.* | Text Entry Field |
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| **Please summarize the project** *(not to exceed 250 words)***:** |

 | Text Entry Field |
| **Name of Department, Organization, or Individual:** | Text Entry Field |
| ***If an individual (please choose one):*** | ☐Student ☐Faculty ☐Staff |
| **Legal name (if different):** | Text Entry Field |
| **Name of primary contact:***(List the name of the person responsible for managing the project.)* | Text Entry Field |
| ***If an organization or department:***  |  |
| **Annual operating budget:** | Text Entry Field |
| **Number of paid staff:** | Text Entry Field |
| **Number of volunteers:** | Text Entry Field |
| **Provide a link to organization or department website:**  | Text Entry Field |
| **IU Campus/Department Mailing Address:** | Text Entry Field |
| **Primary contact phone number:***(List a cell phone and office phone number for the person managing the project.)* | Text Entry Field |
| **Primary contact email address:***(List an IU email address for the person managing the project.)* | Text Entry Field |
| **Campus Administrator:***(List the name of campus administrator(s) who approve this project.)* | Text Entry Field |
| **Campus Administrator phone number:** | Text Entry Field |
| **Campus Administrator email address:** | Text Entry Field |
| **What are the primary programs and services of your organization?** *Briefly describe – no more than five sentences.* |  |
| Text Entry Field |  |
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| **Have you received The Women of IU South Bend funding before?** | * Yes ☐No
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| **If yes, please indicate name(s) of grant(s) and when award was received.** | Text Entry Field |
| **In order to receive funding, an IU fiscal account is required. Do you have an IU account, or an IU South Bend fiscal officer who will create an account to receive funds?** | ☐Yes ☐No |
| **If yes, please provide IU South Bend account name, number, sub-account.** | Text Entry Field |

Section 2 – Project Information

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| **The Women of IU South Bend focus areas:** *(Check any that apply. If other, please describe.)*⧠ Improve public health⧠ Create service-learning experiences ⧠ Support leadership initiatives⧠ Promote and advance STEM disciplines⧠ Provide educational and cultural enrichment ⧠ Develop a culture of philanthropy⧠ Other |
| Text Entry Field |
| **Is this an expansion of a current project or a new project?** |
| ⧠ Expansion |
| ⧠ New Project |

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| **Total proposed project budget:***(Note: Please ensure this amount aligns with “Column 1” on the Excel budget sheet)* |
| Text Entry Field |

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| **Total dollars committed from other sources to date. Please list these commitments:** *(Note: Please ensure this amount aligns with “Column 2” on the Excel budget sheet)* |
| Text Entry Field |
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| **Total funds requested from The Women of IU South Bend:***(Note: Please ensure this amount aligns with “Column 4” on the Excel budget sheet.)*\*Please note we do **NOT** pay indirect costs; **food** and **swag** items are not usually approved. Consider other sources of support for in-kind donations such as food and swag. |
| Text Entry Field |
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| **Budget Narrative: How will you use funds from the Women of IU South Bend?** (Not to exceed 500 words) |
| Text Entry Field |
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| **To the best of your knowledge, has your project fulfilled all necessary legal, regulatory, or licensing requirements (if any)?** |
| Text Entry Field |

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| **List your project’s social media sites (e.g., Facebook, Twitter, Instagram, etc.)** |
| Text Entry Field |

Section 3 – Project Narrative

*Please answer the following questions.*

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| 1. **Describe the specific needs this project addresses?**
2. **How were constituent needs assessed?**
3. **What are the unique and/or innovative aspects of your project?**

(not to exceed 500 words) |
| Text Entry Field |

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| **How will you evaluate and demonstrate that the project was effective? *\*****Please be specific as to the data you will collect and provide to support your determination of the project’s success.*(not to exceed 250 words) |
| Text Entry Field |

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| **Describe the constituents served by this project.** |
| **Demographics** (Be as specific as possible.) |
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| **Age range(s) served:** | Text Entry Field |
| **Race(s)/Ethnicities served:** | Text Entry Field |
| **Sexual Orientation(s) served:** | Text Entry Field |
| **Number of people directly served:** | Text Entry Field |
| **Geographic region(s) served:****(Includes local, state, national, and global communities.)** | Text Entry Field |
| **Other:** | Text Entry Field |

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| **Outline the timetable for the project and include up to 5 major outputs and/or outcomes you seek to accomplish. How will these outputs/outcomes be measured?***Timeline should be realistic with grant related academic year. Indicate what may be delayed if the project is not fully funded.*  (Not to exceed 500 words) |
| Text Entry Field |

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| **If this project will continue after the Women of IU South Bend grant money has been spent, please describe how you will continue to fund this project.** (Not to exceed 250 words) |
| Text Entry Field |

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| **Please include information regarding any significant partnerships and collaborations for your project.** (Not to exceed 250 words) |
| Text Entry Field |

*All Grant Applications MUST be submitted prior to the deadline-* ***XXXXXXX.*** *Please respect the limitations placed on length. Late submissions will be declined without consideration. You will receive e-mail confirmation that your applications has been properly submitted. If you do not receive submission confirmation, please contact Sherri Mott at* *slmott@iusb.edu* *or 574-520-4896.*

Section 4 - Project Budget

Please complete the budget template (Excel spreadsheet) and upload when submitting the application.