

SOROPTIMIST OF WALLOWA COUNTY PROJECT GRANT APPLICATION

(Grant amounts up to \$1000)

- These grants fund various community and individual projects. They cover a wide variety of interests.
- Your project should meet our mission of “improving the lives of women and girls” in our community.
- Requests may be submitted at any time of year. Requests should be mailed to:

Soroptimist of Wallowa County

P.O. Box 127

Enterprise, OR 97828

Or e-mailed to

jreynoldsward@gmail.com

- The Project Committee reviews requests and makes recommendations to the full membership for approval/disapproval and for the dollar amount to be funded. It is important to note that if the committee approves, it may be for **all or part** of your request for funds.

PERSONAL INFORMATION:

NAME: _____

MAILING ADDRESS: _____

E-MAIL ADDRESS: _____

CONTACT PHONE NUMBER: _____

Have you ever received funds from Soroptimist in the past? _____ YES _____ NO

○ If YES, what was the funding for? _____

○ What was the amount of the funding? _____

○ Date you received the funding? _____

How long have you lived in Wallowa County? _____

PROJECT REQUEST:

Describe the project for which you are requesting funds in as much detail as possible. Please include any pertinent information that will help the committee evaluate your request. **(You may attach a separate sheet to this Request Application.)**

FUNDING: Please discuss the funding needed for your project.

- **DATE THE FUNDING IS NEEDED:** _____

PROJECT BUDGET:

- The budget should list all your expected expenditures. It is important that you be as detailed as possible. For example, do not simply list “supplies” and a lump sum amount. You may understand what “supplies” includes, but the reviewers of your proposal will not. The reviewers need to understand specifically how the funding will be spent. **(You may attach a separate sheet to this Request Application.)**

- **An example might be:**

<input type="checkbox"/> Books	\$ _____
<input type="checkbox"/> Lab coat	\$ _____
<input type="checkbox"/> License application fee	\$ _____
<input type="checkbox"/> Travel	\$ _____
<input type="checkbox"/> Space rental	\$ _____
<input type="checkbox"/> Tuition	\$ _____
<input type="checkbox"/> TOTAL	\$ _____

Please include **OTHER FUNDING SOURCES:**

- Personal funds committed: \$ _____
- If applicable, funds contributed by family and friends: \$ _____
- If applicable, grants, scholarships, financial aid: \$ _____