Arizona Women's Partnership, Inc. 2016 Grant Application Form

The Arizona Women's Partnership, Inc. is an ALL volunteer philanthropic 501 (C) 3 non-profit organization dedicated to promoting the status of Arizona women and empowering women's grass roots organizations through mini grants and publicity. AZWP is non-political, non-sectarian, and is sensitive to the needs of underserved and disadvantaged women and youth at risk in Arizona. Proceeds are generated from fundraisers, corporate sponsorships and private donations.

Deadline.... must be POSTMARKED by March 31, 2016 Please do not e-mail or send via FedEx

GRANT REQUEST must be for/or under \$2,000. Grants will be made available to 501 (C) 3 non-profits that assist underserved women and/or vouth at risk in Arizona, whose TOTAL Annual Operating Budget is UNDER \$300.000. are in GOOD financial standing, are NON-SECTARIAN (non religious), NON-POLITICAL, NOT a School District Foundation, Non-Disease (medical) related. You may NOT use the 501 (C) 3 of another non-profit. It MUST be Your Own 501 (C) 3. Grants are not for scholarships. Visit www.azwp.org for more information and past grant recipients' profiles.

*** Grant Recipients will be notified by e-mail and checks will be mailed by June 30th***

PLEASE TYPE or PRINT CLEARLY – LEGIBLY (Save this as a Word doc for your files)

Name of Organization:				
Key Contact Person:		Title:		
Mailing address:		City:		Zip:
Tel: W: ()	H : ()		Cell: ()	
e-mail address:		Website:		
Alternate Contact Person:		Tel: ()	e-mail:	
Organization's Mission Statemer	nt (please state in the sp	ace provided):		
Does your organization have 501(c	•) 3 non-profit status?		Vear established	
REQUIRED ATTACHMENT • ANNUAL INCOME & EXPEN	FS: • Copy of IRS I	etter • Copy of the l	ast 990 IRS filing - FL d yearly (numbers & '	RST two pages ONLY
Brochure • List of Board Memb				
		2	C X	• /
If selected, you will be asked to h	elp publicize the Arizo	ona Women's Partn	ership, Inc.	
Amount of your request: \$	How many do you	serve annually?	Date of this appl	ication:
Please state how the money will be	e used:			
*You are required to submit a brie	ef one page report after	the completion of y	our project(s) due b	y January 31st
*Signature of Executive Director			Date:	
*Signature of Board President or Treasurer			Date:	
The Arizona Women's Partnershi	p, Inc. is a non-discrim	inatory non-profit o	organization.	
Mail (via post) with attachments	POSTMARKED by N	larch 31, 2016 (and	then the final report) to):
Paula Cullison - Arizona Women 13058 N. Surrey Circle	•	-	• •	l.com No Phone Calls
Phoenix, AZ 85029	*	Incomplete applica	tions will NOT be acc	epted* Thank You!