

## Arizona Women's Partnership, Inc. 2018 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, 2018 ..... Please do not e-mail or send via FedEx or Priority Mail**

**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 youth at risk in Arizona, whose TOTAL Annual Operating Budget is UNDER \$350,000, 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](http://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 Statement (please state in the space provided):

Does your organization have your own 501 c (3) non-profit status? \_\_\_\_\_ Year established \_\_\_\_\_

**\*\*\*REQUIRED ATTACHMENTS\*\*\*: • Copy of IRS letter • Copy of the last 990 IRS filing - FIRST two pages ONLY • ANNUAL INCOME & EXPENSE Statement detailed • Population served yearly (numbers & % of ethnic/racial mix) • Brochure • List of Board Members (contact info) • Minutes from your last Board meeting (include Treasurer's report)**

If selected, you will be asked to help publicize the Arizona Women's Partnership, Inc.

Amount of your request: \$\_\_\_\_\_ How many do you serve annually? \_\_\_\_\_ Date of this application: \_\_\_\_\_

Please state how the money will be used:

*\*You are required to submit a brief one page report after the completion of your project(s)- due by January 31st*

\*Signature of Executive Director \_\_\_\_\_ Date: \_\_\_\_\_

\*Signature of Board President or Treasurer \_\_\_\_\_ Date: \_\_\_\_\_

*The Arizona Women's Partnership, Inc. is a non-discriminatory non-profit organization.*

Mail (via post) with attachments POSTMARKED by March 31, 2018 (and then the final report) to:

Paula Cullison - Arizona Women's Partnership, Inc.  
13058 N. Surrey Circle  
Phoenix, AZ 85029

Questions via e-mail: [azwpinc@aol.com](mailto:azwpinc@aol.com) ... No Phone Calls

**\*Incomplete applications will NOT be accepted\* ... Thank You!**