

Arizona Women's Partnership, Inc. 2020 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, 2020 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 \$450,000, are in GOOD financial standing, are NON-SECTARIAN (non-religious), NON-POLITICAL, NOT a School District Foundation, NON-DISEASE (medical) related, NOT for scholarships. You may NOT use the 501 c (3) of another non-profit or be Chapters of national organizations. It MUST be YOUR OWN AZ based 501 c (3). Visit www.azwp.org for more info 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 AZ based 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 Latest Statement detailed** • **Population served yearly (numbers & % of ethnic/racial mix)**
• **Brochure** • **List of Board Members (contact info)** • **Minutes from your last Board meeting (include latest Treasurer's report)**
• **Explain SALARIES – to Whom / Amount of Salary**

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

***If selected, 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, 2020 (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 ... No Phone Calls

***Incomplete applications will NOT be accepted* ... THANK YOU**