

Texas Women's Foundation

2019 Orchid Giving Circle Grant Application

Orchid seeks funding proposals from North Texas based non-profit organizations located in the Dallas, Collin and Tarrant Counties, that empower Asian women and girls to achieve their potential, but also support the underserved community of North Texas Asians in general. Orchid will award one-year grants up to \$20,000. Deadline to submit the online application is March 18.

Contact Information

Organization Legal Name:

Primary Proposal Contact Information

Name:

Email Address:

Phone Number:

Executive Contact Information

Name:

Email address:

Executive Phone:

Organization Information

Mailing address:

City: State: Zip Code:

Physical address:

City: State: Zip Code:

Organization Website:

Organization Main Phone:

Organization & Proposal Overview

Tax ID Number:

Doing Business As (DBA):

Organization Mission Statement:

Purpose of Organization:

Application ID:

Date Submitted:

Page:

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Purpose of Grant Proposal:

Need/issue to be addressed:

How need/issue will be addressed:

Project Timeline:

Funding Request

Amount Requested:

How will money be spent?:

List of all other entities asked to support the proposal with amounts and responses to date. When do you expect to hear from pending requests?:

Describe plans to support the proposal if only partial funding is awarded:

Describe how the project/activity supports the empowerment of Asian women and girls or North Texas Asians that are underserved:

Evaluation Details

Program Name:

How will you define and measure success?:

What strategy or strategies will you use to reach your goals?:

Describe your past experience with this kind of project/activity.:

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Is there anything else you would like to share with us about your organization?

Executive Summary

This section should capture and condense the content of this application into no more than a half page narrative and should be written to serve as a standalone to clearly summarize the request. Maximum 1,500 characters (including punctuation, bullets and spacing) are available for this section.

FINANCIAL OVERVIEW

Date of most recent MONTH END:

Cash:

Total Assets:

Total Liabilities:

Total Unrestricted Net Assets:

Total Net Assets:

Date of most recent YEAR END:

Total Contributions, Support, Grants and Revenue:

Investment Earnings:

Total Revenue Amount:

Total Organizational Expenses:

Comments or Explanation:

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APPLICATION OVERVIEW

Organization Name	
Years in Operation	
Cause	
Amount Requested	
How many Asians do you serve?	
How many Asians will be served by this project?	
How many Asians to be served by this grant are likely to be women/girls?	
What geographic area will you serve (counties)?	
If previous Orchid grantee, list the amount funded in past years	
Please provide a brief description of your organization and this specific grant request. (This response is limited to 500 characters.)	

Application ID:

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Attachments

Please label all attachments with your organization name (abbreviations are fine), please ensure your organization's name is visible on each page, and format all pages to print.

Provide a budget including income/expenses, number of women served or expected to be served, and the geographic area served.

Most recent IRS Form 990 or Form 990-EZ

A copy of your 501c3 IRS determination letter

Submission Page

Name of Executive Officer, Board Chair, or Approving Official:

Title of Approving Official:

*By checking the box, I certify that this application is complete and is approved by the individual indicated above.

I Agree

*Please be aware that the Orchid Giving Circle may publish the names of the nonprofits that have been named as semifinalists in the grant process. By checking the box, I understand that I give Orchid Giving Circle permission to list my organization's name in all publications.

I Agree

Application ID:

Date Submitted: