

Texas Women's Foundation

2020 HERitage Giving Fund Grant Application

Contact Information

Organization Legal Name:

Primary Proposal Contact Information

Name:

Email Address:

Phone Number:

Executive Contact Information

Name:

Title:

Email address:

Executive Phone:

Length of Service of Executive Director/Board Chair:

Organization Information

Mailing address:

City: State: Zip Code:

Physical address:

City: State: Zip Code:

Organization Website:

Organization Main Phone:

Application ID:

Date Submitted:

Organization & Proposal Overview

Tax ID Number:

Doing Business As (DBA):

Date of Formation:

Organization Mission Statement: (2,400 character limit)

Purpose of Organization: (2,400 character limit)

Describe organizational history and expertise in this work: (2,400 character limit)

Purpose of Grant Proposal: (2,400 character limit)

Need/issue to be addressed: (2,400 character limit)

How need/issue will be addressed: (2,400 character limit)

Explain how the organization meets the criteria of the grant requirements: (2,400 character limit)

Application ID:

Date Submitted:

Project Timeline: (2,400 character limit)

Funding Request

Amount Requested:

Is this a program or operating request?: (2,400 character limit)

How will money be spent?: (2,400 character limit)

List of all funders supporting this grant request with amounts and responses to date. When do you expect to hear from pending requests?: (2,400 character limit)

Describe plans to support the grant request if only partial funding is awarded: (2,400 character limit)

Describe how the organization/project/activity positively impacts the North Texas African American community: (2,400 character limit)

Evaluation Details

How will you define and measure success of this grant request?: (2,400 character limit)

Application ID:

Date Submitted:

If program support only, describe your past experience with this kind of project/activity?
(2,400 character limit)

What strategy or strategies will you use to reach your goals?: (2,400 character limit)

Describe your past experience with this kind of project/activity.: (2,400 character limit)

Is there anything else you would like to share with us about your organization? (1,000 character limit)

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 program budget including income/expenses

Three years of organization operating budget

Board Member List

Copy of Board Meeting Calendar

Letter of Support from Board Chair

Most recent IRS Form 990 or Form 990-EZ

A copy of your 501c3 IRS determination letter

Demographics Form (The form may be downloaded at:
<https://www.txwf.org/heritage-giving-fund/>)

Application ID:

Date Submitted:

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 HERitage Giving Fund 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 HERitage Giving Fund permission to list my organization's name in all publications.

I Agree