

Arizona Women's Partnership, Inc. 2023 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 **disadvantaged women and children in Arizona.**

DEADLINE.... MUST be POSTMARKED by JANUARY 31, 2023 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 March 30th*****

PLEASE TYPE or PRINT CLEARLY – MUST be LEGIBLE (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: _____ **Tel:** (____) _____ **e-mail:** _____

Organization's Mission Statement (PLEASE print / type 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 LATEST 990 IRS filing - FIRST two pages ONLY
• ANNUAL INCOME & EXPENSE Latest Statement detailed • POPULATION Served yearly (numbers & % of ethnic/racial)
• BROCHURE • List of Board Members (contact info) • MINUTES from your last Board meeting (w/ 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 print / type and state how the money will be used:

If selected, you are required to submit a brief ONE-PAGE report - on your accomplishments - DUE by December 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 with required ATTACHMENTS - POSTMARKED by JANUARY 31, 2023 (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**