

Arizona Women's Partnership, Inc. 2019 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, 2019 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. It MUST be YOUR OWN 501 c (3). Visit 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 - explain salaries, if there are more than one.**
- **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)**

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, 2019 (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!**