



The eWomenNetwork Foundation
14900 Landmark Boulevard, Suite 540
Dallas, TX 75254
972-620-9995 Ext.1008

GRANT APPLICATION

This PDF form is provided for REFERENCE ONLY. All applications MUST be submitted by using the online form at www.eWomenNetworkFoundation.org.

Name of Organization: _____ Year founded _____

Street Address: _____

City: _____ State _____ Zip _____

Mailing Address (If different) _____

Phone: _____ Fax: _____

E-mail: _____

Federal 501(c)(3) Tax I.D. No: _____ Canadian Charity Registration #: _____

Executive Director/Contact Person: _____

Phone: (if different) _____

Current Annual Budget: \$ _____ (Minimum \$25,000 and maximum of \$1,000,000)

Describe the history of your organization and its mission statement. (Attach any brochures.)

Describe briefly the services your organization provides, including number of people served.

Total number of Staff Members - Full Time _____ Part Time _____

Number of Volunteers _____

Total number of Board members _____

Approximately what percentage of your funds comes from government sources? _____ %

If your organization received funds from the eWomenNetwork Foundation, how would you envision using the additional funds?

We welcome any additional comments, materials or information you would like to provide.