



Grant Application – 2019

INSTRUCTIONS

- Application is not to exceed three pages, including Budget Form. Do not include additional materials.
- Type directly into the PDF form provided. SAVE the PDF with YOUR Organization name & year.
- Email to: info@hestiacircle.org.
- If accessing the PDF or emailing your proposal is a problem, contact Martha Lancaster, Grant Chair, 231-526-2326, well in advance of the grant deadline.
- Deadline: Application must be received by May 1

Note: Summary report will be required at end of project within one year.

Hestia Mission: To promote the economic self-sufficiency and well-being of women and girls. To meet our mission, we support programs that serve women and girls in Emmet and Charlevoix counties.

Organization Name:

Fiscal agent if applicant is not tax exempt:

Tax ID Number:

Contact Name:

Address:

Contact Email:

Contact Phone:

Website

Project Name:

Project start and end dates:

Amount Requested: \$

Project Description - Tell us what you are going to do:

Organization:

Goals of the Project: Please briefly answer the following questions:

How many people will you reach?

What percentage are female?

If your program serves both males and females, how will Hestia funds specifically target women and girls?

What do you hope to achieve? What difference will this make in the lives of women and girls? How will this project meet Hestia's mission statement (see previous page for mission)?

How will you evaluate or measure your success?

Organization:

GRANT PROJECT BUDGET FORM – 2019

INSTRUCTIONS

- Modify revenue and expense categories as appropriate to your project.
- Include only items specific to the project, not the entire agency.
- Round all amounts to the nearest dollar.
- Indicate if grants are confirmed or pending
- **Total Revenues line must equal Total Expenses line.**

REVENUES

Revenue Item	Proposed Revenue	Pending or Confirmed
<i>Grants – list all, indicate Pending or Confirmed for each Grant</i>		
Hestia	\$	
	\$	
	\$	
	\$	
	\$	
A. Individual & business donations	\$	
B. Events	\$	
C. In-Kind Support	\$	
D. Participant Fees	\$	
E. Other (specify)	\$	
	\$	
	\$	
	\$	
	\$	
TOTAL REVENUES	\$	

EXPENSES

Expense Item	Proposed Expense
A. Salaries & benefits	\$
B. Consultants	\$
C. Travel	\$
D. Program supplies/Equipment	\$
E. Office supplies	\$
F. Printing & Marketing	\$
G. Training	\$
H. Other (specify)	\$
	\$
	\$
	\$
TOTAL EXPENSES	\$

Organization: