



WIPE Impact Grant

GRANT GUIDELINES and APPLICATION

Women in Power Empowering (WIPE) creates opportunities for women to overcome obstacles by providing financial awards, mentoring, and support. The purpose of the WIPE Impact Grant Program is to award one-time grants of up to \$2,000 to assist Tarrant County based nonprofit organizations that provide programming to support and empower women and girls of Tarrant County.

Eligibility to Apply: An applicant must be an established 501(c)(3) nonprofit organization with an existing mission, program and/or project goal to support and empower women and girls. **Note: Our grant committee will give special consideration to applications from woman-led and Black-led nonprofits, though this is not a requirement.*

Eligible Programs/Projects for Grant Funding: Grant funds must be used toward expenses for program and/or project activities that directly serve women and/or girls. Program and/or project activities must be in one or more of the following categories:

- Crisis Services (e.g., emergency financial assistance, housing, crisis counseling)
- Educational Services (e.g., career training, credential attainment)
- Financial Literacy (e.g., personal finance education, small business development)
- Mentoring (e.g., youth and young adult support, peer support, leadership programs)

Women in Power Empowering aims to make a measurable impact with our grant awards. We will evaluate the potential impact of our funding within each eligible application.

Application process:

1. Complete the 1-page application.
2. Submit the 1-page application and each of the following required documentation to WomenInPowerEmpowering@gmail.com.
 - a. A copy of your organization's IRS 501(c)(3) Determination Letter.
 - b. A list of your organization's Board of Directors, including positions and ED and/or CEO.
 - c. A copy of your organization's annual operating budget or program/project budget (if requesting funds for a specific program/project) for the period in which the grant funds, if awarded, would be used.
 - d. A copy of your organization's most recent annual financial statements, detailing actual revenues and expenses. ***Note: If your organization is not required to prepare audited financial statements, please submit your most recent board-approved annual financial statements.*

Requirements for Awarded Grants: An interim financial report on the use of the grant funds will be due 6 months after the grant award date. Funds must be 100% expended by 6 months after the grant award date **OR** with the 6-month interim financial report, you must provide an executed contract or plan for full grant expenditure by 12 months after the grant award date. Grant recipients may have to return any funds not expended by 12 months after the grant award date.

A grant report will be due 12 months after the grant award date, including details on outcomes achieved and a picture representing the program and/or project funded.

WIPE Impact Grant Application

Organization Information

Organization Name: _____ EIN: _____

Primary Business Address: _____

Street

City

State

ZIP Code

Organization Main Phone: _____ Organization Main Email: _____

Organization Website: _____ Social Media Handles: _____

Annual Budget: _____ Number of Staff: _____ Number of Volunteers: _____

Organization Mission Statement: _____

Check here if the organization is woman-led and/or founded nonprofit.

Check here if the organization is a Black-led nonprofit.

Information

Contact Person: _____

Name of Person Who Should be Contacted Regarding this Application

Contact Person Phone: _____ Contact Person Email: _____

Amount of Grant Request: _____ Date Funding Needed By: _____

Program/Project Name: _____

Program/Project Purpose: _____

Expected Program/Project Outcomes: _____

How will the requested grant funds assist your organization in achieving your program/project's purpose and expected outcomes? _____

Please select one or more categories that best describe the program and/or project your organization is proposing for a WIPE Impact Grant.

Crisis Services

Financial Literacy

Educational Services

Mentoring

Certification

By signing below, I agree that the information submitted is true and correct to the best of my knowledge.

Signature of Authorized Organization Contact: _____

Print Name: _____ Date: _____