

Central Florida  
**WOMEN'S RESOURCE CENTER**

*Supporting our community by recognizing the power of women; celebrating women's achievements; connecting with other women's organizations; and identifying, impacting, and supporting women's social, educational, health, political, economic, spiritual, and artistic issues.*

**2008 Summit Impact Grants  
Request for Proposals**

**Application Form**

Proposals up to \$10,000 are being accepted from non-profit 501(c)(3) organizations located in Orange, Seminole, Osceola, Lake, Volusia, or Brevard Counties. Grants will be made to fund programs which are designed to support education, prevention, and issues related to sexual assault.

**Cover Page**

Please provide the following information. You may either use a typewriter to fill out this Cover Page for submission, or you may recreate this page on your computer, using the same headings listed below. Please be sure to number the pages in your application. Do not staple or clip pages, and do not bind pages in a folder. Multiple copies of your application will be made upon receipt by WRC. Authorized officer must sign application. Application will be accepted by mail. Application must be postmarked no later than July 1, 2008. Faxed applications will not be accepted.

**AGENCY NAME**

Address:

Phone:

Fax:

Contact Person:

Title:

Email Address:

Requested Amount and Grant Purpose:

## APPLICATION FORM

### PROGRAM QUESTIONS:

1. Please describe the services your organization is currently providing to women for which you are seeking funding. Include those that apply:
  - a) Unduplicated number of persons served
  - b) Description of clients (demographics, location, etc)
  - c) Types of services offered
  - d) Expected duration of services (3 months, 1 year, indefinite)
  - e) Estimated total number of clients to be served with grant funds
2. Who from your organization is providing these services? (staff, volunteers, mix)
3. How do clients access your services?
4. What is your referral plan for services that you cannot provide to clients?
5. How are you working with other providers in the area to minimize duplication of services? How do your efforts complement those of other agencies?

### REQUEST BUDGET QUESTIONS:

1. How much has your organization already spent to provide services to these clients?
2. How much has your organization raised on its own or received from other sources to provide services?
3. What is your plan to raise funds in order to continue the services?

### ATTACHMENTS CHECK LIST

- \_\_\_ 501 (C)(3)
- \_\_\_ Most Recent Audit and/or IRS-990
- \_\_\_ Organization Budget and Program Budget
- \_\_\_ List of Top 5-10 major sources of funding in current budget year
- \_\_\_ Board List

Application should be addressed to:  
Central Florida Women's Resource Center  
PO Box 568905, Orlando, Florida 32856-8905  
Phone 407-426-7960      Fax 407-426-9261      [www.wrc-online.org](http://www.wrc-online.org)