Rochester Women's Giving Circle 2025

Rochester Area Community Foundation

Purpose & Eligibility Questions

The Rochester Women's Giving Circle is dedicated to improving the lives of women and girls in Monroe County. Our mission is to strengthen our community by enabling women and girls living in poverty to transition to a lifetime of economic self-sufficiency. We welcome grant applications from non-profit organizations that help women and girls gain the education, training, skills, and jobs necessary to attain economic independence. We are especially interested in organizations working to reduce inequity and programs supporting underserved women and girls. Programs that serve males and females are eligible, as long as our funds are directed to the women and/or girls in the program. We award grants up to a total of $25,000 in a single year. Recognizing that some programs take more than a year from start to finish, a timeframe up to two years may be defined for successful completion.

Agencies receiving a grant delivering results over a two-year period may not apply for a grant during the second year of the two-year period.

Before applying:

- Please review the eligibility criteria: https://www.therwgc.org/priorities/
- The Giving Circle grant process is available at https://www.therwgc.org/process/
- **Do not include** unrequested attachments such as videos, program booklets, charts, testimonials, etc.
- **Proposals must be received by March 1, 2025.**

If you have any questions or issues with this application please contact Carol Hidy, carolhmedley@gmail.com or call (585) 739-7244 for assistance.

Eligibility Conditions:*

1. Your organization must be classified by the IRS as a 501(c)(3) organization or a 509(a)(1) public organization. (If not, you must have a fiscal sponsor for this request).
2. Your organization must be located in and deliver services in Monroe County, NY.
3. The funds must be used only for women and/or girls.

Having read these Eligibility Conditions, do you want to continue to the application?

Choices

Yes
No

Organization Information

Click the GuideStar button in the top right corner of your screen to easily import your organization's EIN number, incorporation year and website URL directly into this application!

Note: *Only the information included in your organization's GuideStar profile can be imported. In order to ensure that the most up-to-date information is imported, it is recommended to update your GuideStar information regularly.* 9 Digit Federal Employer ID #*

Character Limit: 9

Incorporation Year

Character Limit: 250

Fiscal Sponsor Form

A fiscal sponsor is required for applicants that are not classified by the IRS as a 501(c)(3), or 509(a)(1) public organization.
Please download this Fiscal Sponsorship Agreement if you have a fiscal sponsor for this program. Upload the completed form into this application by clicking the 'Upload a file' button below.

File Size Limit: 1 MB

Letter of Determination*

Is the name of the organization you registered with the same as it appears on the IRS 501(c)(3) or 509(a)(1) Letter of Determination?

Choices
Yes
No

Letter of Determination Follow up

If the organization name **DOES NOT** match the IRS Letter of Determination, please explain the reason for the difference and indicate the appropriate organization's name to be used for the grant.

Character Limit: 5000

Board of Directors*

Include a listing of your organization's Board of Directors with their affiliations.

Character Limit: 10000

Demographic Information for Organization*

RWGC is especially interested in funding organizations working to improve racial equity. One measure of this may be the demographics of the leadership of the organization. Although not a requirement to receive a grant, it may give preferential review of the grant being requested. Please answer the questions below in the space provided:

1) Of the board of directors previously listed, what percentage identify as black, indigenous or people of color?

2) What percentage of the board of directors previously listed identify as women?

3) Regarding the leadership team of your organization, what percentage identify as black, indigenous or people of color? What percentage of the leadership team of your organization identify as women?

4) Is the leadership team of your organization reflective of the demographics of the population served by your organization?

5) Is the team responsible for managing the program for which this grant is being requested reflective of the demographics of the population served by this grant?

Character Limit: 3000

Organization Website

Character Limit: 250

Organization: Mission*

What is your organization's mission and how does this program relate to it?

Character Limit: 1000

Organization: Past Accomplishments*

Describe your organization's ability to implement this request (staffing, expertise, community relationships) and indicate whether this infrastructure is in place or must be developed.

Character Limit: 1500

Organizational Revenue & Expenditures

What is your fiscal year? (Jan-Dec, July-June, etc.)*

Character Limit: 50

Recent One-Page Organization Budget*

Please upload a **one-page** financial summary of your organization's most recently completed, and preferably audited, fiscal year. You may **download** the linked worksheet or provide your own format. ***Note: If the download opens in 'Protected View', you will need to click the 'Enable Editing' button at the top of the document before proceeding.*** Upload your document into this application by clicking the 'Upload a file' button below. Your document should reflect the budgeted and actual revenues and expenditures (be sure to note the fiscal year in the text box above).

File Size Limit: 5 MB

Information for this Request

Program Name*

Character Limit: 100### Provide a One-Sentence Summary of this Program

Character Limit 300

Program Contact Person, Phone and Email*

Character Limit: 100

Total Program Cost*

Character Limit: 20

Amount Requested*

Character Limit: 20

Date When Funds are Needed*

Character Limit: 10

Date(s) by Which Funds will be Spent*

Character Limit: 250

Other Sources of Support/Funding for this Program

List other potential and actual sources of support. Please include the funder name and the dollar amount you are expected to receive or have received, e.g., Rochester Area Community Foundation $5,000. Put an asterisk by those committed, noting any matching fund requirements.

Character Limit: 10000

Funding History

List major funders of this program for the past two years (if applicable). Please include the name of the funder and the dollar amount you received.

Character Limit: 10000

Rationale

Rationale (FOLLOW FORMAT IN LINKED RATIONALE GUIDE)*

Using the **linked guide**, please describe the rationale for your program in three pages or less. We recognize the current poverty situation within Monroe County as reported in **Act Rochester reports**, so please provide information in this section that is specific to your program.

   Note: *For each of the outcomes you describe in your rationale, you will be required to report progress to the Rochester Women's Giving Circle via a mid-cycle and final report. You can find a sample of this report on the RWGC profile page on RACF.org.*

File Size Limit: 3 MB

Program Budget

Program Budget Sheet*

Please download this Program/**Project Budget Worksheet**. Upload the completed form into this application by clicking the 'Upload a file' button below.
Note: *If the download opens in '**Protected View**', you will need to click the '**Enable Editing**' button at the top of the document before proceeding.*

File Size Limit: 5 MB

ORGANIZATION FINANCIAL REPORT

SUPPORT/REVENUE	Budgeted	Actual
1. Community Foundation grant		
2. Fundraising events		
3. Gifts/bequests		
4. Miscellaneous contributions		
5. Foundation/corporate grant support		
6. United Way		
7. Grants/contracts: govt. agencies		
8. Program service fees		
9. Membership dues		
10. Investment income/transactions		
11. Sales: services, products, crafts		
12. Miscellaneous revenue		
13. Subtotal Direct Support/Revenue		
14. General & Management Income (prorated)		
15. Total Support/Revenue		

EXPENSES	Budgeted	Actual
16. Salaries of provider staff		
17. Fringe benefits		
18. Professional fees (contract, consultant)		
19. Supplies (consumable)		
20. Printing and postage		
21. Occupancy		
22. Phone and fax		
23. Travel and meetings		
24. Training		
25. Evaluation		
26. Equipment purchases		
27. Miscellaneous expenses		
28. Subtotal Direct Expenses		
29. General & Management Expenses (prorated)		
30. Total Expenses		

	Budgeted	Actual
31. Surplus (Deficit)		

Explain any variances between budgeted and actual figures that exceed 10%.

RATIONALE

Please briefly discuss the following topics and limit the Rationale section to 3 pages or less.

A. **Need/demand** (present in bullet format. If possible, include local statistics, community priorities, etc.)
   1. Summarize the specific need your planned program addresses
   2. Summarize customer demand for this program. (waiting lists, unfulfilled requests, etc.)
   3. Describe how this program addresses inequities within Monroe County

B. **Target Population**
   1. Describe your target population of women and/or girls including the number served, age, race, ethnicity, and other relevant characteristics
   2. Describe how you will reach your target population

C. **Activities**
   Activities are processes, techniques, tools, events, technologies, and actions used to bring about desired program results**.** Please use bullets or a chart where possible)
   1. What are the key activities for this program?
   2. What resources do you need to perform these activities and are they currently available or in place?

D. **Outcomes and Milestones**
   Outcomes are specific changes in attitudes, behaviors, knowledge, skills, status, or level of functioning expected to result from program activities. **Note: For each of the outcomes you describe below, you will be required to report the progress of the women and/or girls in the program to the Rochester Women's Giving Circle via a mid-cycle and final report.**

   1. For up to 5 key outcomes <u>you will track</u>, indicate how you will know if you have succeeded in achieving each, using the following format.

Outcomes (Specific changes in attitudes, skills, knowledge, etc.)	Indicators/Measures (What will you measure to know if you have reached your outcomes?)	Targets/Performance Standards/ Programed Levels of Success (What will tell you that you have achieved your outcomes?)	By when will the targets be achieved?

2. How will the activities listed in item C reduce or eliminate the need described in item A and produce the desired outcomes in item D?
3. Cite evidence from previous work done by your organization or by others that demonstrates why you believe your program will be effective.
4. For organizations with programs that have received funding from the Rochester Women's Giving Circle for three or more years (consecutive or non-consecutive), provide evidence of sustained effectiveness beyond a single program year.
5. What assumptions are you making that may affect the success of the program?
6. What external factors may affect (positively or negatively) the outcomes of this program?

E. **Long-Term Outcomes and Impacts**
   1. Beyond the outcomes identified above, what are the long-term outcomes you hope this program will achieve?
   2. How will you know whether these outcomes are achieved over time?
   3. Are there expected impacts to your organization, the community, and/or to systemic structures as a result of this program? If so, what are they?

F. **Links with Other Agencies**
   1. Collaborations are welcome to provide better solutions and improve impact. Collaborations require a shared understanding of roles and responsibilities and a well-defined process for making decisions and resolving issues. If this is a collaborative effort, complete the following:

Collaborating organizations	Contact person	Phone number	Role(s) of partners

   2. Do you know of other groups doing similar or related work? If so, how does your work differ from or complement theirs?

G. **Future of Program**
   1. What is the future of this program beyond the grant period?
   2. In terms of programming, summarize what is envisioned.
   3. If it is to continue beyond the grant period, how will you support this program?

PROGRAM BUDGET SHEET

Provide the following information regarding the program for which you are seeking this grant.

SUPPORT/REVENUE

	Total Anticipated Support/Revenue
1. Requested grant	
2. Fundraising events	
3. Gifts/bequests	
4. Miscellaneous contributions	
5. Foundation/corporate grant support	
6. United Way	
7. Grants/contracts: govt. agencies	
8. Program service fees	
9. Membership dues	
10. Investment income/transactions	
11. Sales: services, products, crafts	
12. Miscellaneous revenue	
13. Investment	
14. Total Support/Revenue	

EXPENSES

	Total Expenses	Expenses Covered By This Grant Request
15. Salaries of provider staff		
16. Fringe benefits		
17. Professional fees (contract, consultant)		
18. Stipends		
19. Supplies (consumable)		
20. Printing and postage		
21. Occupancy		
22. Phone, fax and information technology		
23. Travel and meetings		
24. Training		
25. Evaluation		
26. Equipment purchases		
27. Miscellaneous expenses		
28. Subtotal Direct Expenses		
29. Proration: General & Management Expenses		
30 Total Expenses		

31. Surplus (Deficit)	

If you feel elements of your budget need explaining, please do so in no more than ½ page (i.e., number of staff, type of consultant, number of training sessions, etc.)