Hendricks County Women's Giving Circle Grant Application

PROGRAM DEADLINE: March 12, 2025 at 03:00 PM

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hone (The best nu	mber to reach you Mon	day through Friday b	etween 8am and 4:3	0pm) *	
mail *					

rganization Information	
Organization Information	
Organization Name *	
Please enter the Organization's Employer Identification Number (EIN) for HCCF to reference *	
Organization Website *	
Mailing Address *	
City *	
State *	
Select one Zip *	

Application Questions

Please provide a narrative response to the following questions.

Describe the need in our community that your organization is meeting and how you meet that need. Specifically describe how your organization makes a difference in the lives of women and children. What is your impact and how do you know/how do you measure it? *
Max Number of Words: 300
Describe how your organization ensures that everyone has access to your services? Does your board reflect the clients and community you serve? *
Max Number of Words: 300
Describe how your organization collaborates with other organizations in Hendricks County. How do you collaborates with other organizations in Hendricks County. How do you
Max Number of Words: 300
Describe how your organization utilizes volunteers broadly. Beyond regular volunteers, how many board members do you have and what are your expections of them? Do they regularly meet these expectations?
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e Women's Giving	Circle may be able to	o assist your organi	ization). *	_
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