



Dear Zonta Grant Applicant:

Thank you for your request for financial assistance from Zonta Club of Traverse City. To assist us in selecting grant recipients, we are requesting that your organization complete and submit the enclosed form by February 3, 2017.

Organizations that submit specific dollar amount requests for specific projects, along with a detailed explanation of the project (and specifically addressing how Zonta dollars will be used), will have the best chance of receiving funding. It is helpful for us to know how our donation would impact the success of your project. Projects and ventures that address the goals in our Mission Statement (below) will receive preference as well.

Our Mission

Zonta Club of Traverse City is a local and international organization of executives and professionals working together to advance the status of women worldwide through service and advocacy. We envision a world in which women's rights are recognized as human rights and woman are able to achieve their full potential. It is our goal that every woman is literate; has access to education, health care, legal and economic resources; and no woman lives in fear of violence.

If you have any questions regarding the Zonta grant process I can be reached as follows:

Margaret Tipsword
margaret.tipsword@rehmann.com
231 946 8761

Thank you again for your request and we look forward to hearing from you.

Sincerely,

Margaret M. Tipsword
Chair, Zonta Service Committee

Zonta Club of Traverse City

Member of Zonta International
Advancing the Status of Women Worldwide

APPLICATION FOR GRANT AWARD

Please e-mail to Margaret.tipsword@rehmann.com, phone 231-946-8761

ORGANIZATION:

DATE:

ADDRESS:

CONTACT PERSON/TITLE:

PHONE:

EMAIL:

PROJECT DESCRIPTION: Briefly describe the service program/project, its purpose and target population and how it fits the Zonta Mission Statement: "Zonta International is a global organization of executives and professionals working together to advance the status of women worldwide through service and advocacy".

PROJECT EXPECTATIONS: (Define program objectives and how they are to be achieved.)

ESTIMATED NUMBER SERVED:

PROJECT EVALUATION: (Describe how you will evaluate the effectiveness of the project.)
Additional program information may be attached or provided on the back of this form.

ESTIMATED COST OF PROGRAM/PROJECT:

FUNDS/MONEY REQUESTED:

LIST OTHER FUNDING SOURCES OR MATCHING GRANTS:

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PROJECT CONTINUATION PLAN:

HOW WILL YOU PUBLICLY ACKNOWLEDGE ZONTA IF AWARDED A GRANT?

IF ZONTA FUNDING IS NOT RECEIVED, HOW WILL THIS AFFECT YOUR PROJECT?

IS THERE A DEADLINE FOR RECEIVING FUNDS?

IF YES, PLEASE EXPLAIN:

WOULD YOU WELCOME THE OPPORTUNITY TO PERSONALLY PRESENT ADDITIONAL INFORMATION TO THE ZONTA SERVICE COMMITTEE?

I AGREE TO SUBMIT EVALUATION DATA TO ZONTA IF AWARDED A GRANT. I CERTIFY THAT THE INFORMATION PROVIDED IS ACCURATE AND TRUE TO THE BEST OF MY KNOWLEDGE.

SIGNATURE: _____

To be completed by Zonta Club of Traverse City

Date received: _____ Committee recommendation: _____

Club decision: _____
