



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 April 1, 2021. Funds will be allocated by May 1, 2021.

Please fill out the application in detail while keeping in mind Zonta's Mission. This year's grant amounts will not exceed \$2500.00. Funds may be used for part or the entirety of a project. Political organizations or legislative efforts are not eligible for funding. Religious groups may be funded for educational, scientific, or cultural projects, but cannot be funded to fulfill a spiritual mission. Grant applicants may be required to participate in a phone interview and/or site visit with a Zonta Service Committee member.

### **Our Mission**

Zonta Club of Traverse City is a local affiliate of an 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 women 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:

Debbie Dacey  
[dadacey12@gmail.com](mailto:dadacey12@gmail.com)  
513-550-1350

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

Sincerely,  
Debbie Dacey  
Chair, Zonta Service Committee  
[www.zontacluboftraversecity.org](http://www.zontacluboftraversecity.org)

# Zonta Club of Traverse City

Member of Zonta International  
Advancing the Status of Women Worldwide

## APPLICATION FOR GRANT AWARD

Please email completed application to [dadacey12@gmail.com](mailto:dadacey12@gmail.com), or call 513-550-1350 for support

### IDENTIFYING INFORMATION:

ORGANIZATION: \_\_\_\_\_ DATE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

WEBSITE: \_\_\_\_\_

FEDERAL ID# \_\_\_\_\_ (Attach a copy of the IRS Determination Letter).

CONTACT PERSON/TITLE: \_\_\_\_\_

PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

PROJECT NAME: \_\_\_\_\_ AMOUNT REQUESTED: \_\_\_\_\_

**PROJECT DESCRIPTION:** Briefly provide a one-two page description of the service program/project including the following:

- Purpose (Define specific program objectives and how they are to be achieved.)
- Timeline (with dates that funds are needed)
- Target population and geographic area to be served (with consideration given to all abilities and ethnicities)
- Number to be served
- Collaborative partners
- How the project aligns with the Zonta Mission
- Process to evaluate the effectiveness of the project.

**BUDGET :** Complete the Project Budget Form that is included with this application.

**GRANT HISTORY:**

Has your organization received a grant from Zonta in the past?      no      yes  
If yes, What was the project funded? \_\_\_\_\_  
What was the amount of the grant? \_\_\_\_\_ What was the date? \_\_\_\_\_

**ACKNOWLEDGEMENT:**

Describe how your organization will publicly acknowledge Zonta if awarded a grant.

**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 : \_\_\_\_\_  
TITLE: \_\_\_\_\_

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To be completed by Zonta Club of Traverse City

Date received: \_\_\_\_\_ Committee recommendation: \_\_\_\_\_

Club decision: \_\_\_\_\_

