**Soroptimist International Sierra Foothills**

**Mini Grant Application 2023**

**Soroptimist International of the Sierra Foothills (SISF) would like to announce the availability of funds offered to non-profit 501(c)3 agencies or organizations which improve the lives of women and children in our local community and throughout the world.**

**Our organization has designated up to $10,000 to fund mini grants for service programs consistent with our mission statement.**

**“SISF is a volunteer organization of spirited women united to promote the betterment of the lives of women and children in our community and throughout the world”.**

**If you wish to apply for a grant, please complete the following application below.**

**The applications are due by *March 1, 2023*. Please submit your application to** **sisfNC2@proton.me****.**

**Questions may be addressed to *Carol Nimick* at 530*-575-9971***

**Organization Information**

Date \_\_Click or tap here to enter text.\_\_\_\_\_\_\_\_\_\_\_

Name of Organization \_Click or tap here to enter text.\_\_\_\_\_\_\_\_\_\_\_

EIN/Tax ID \_Click or tap here to enter text.\_\_\_\_\_\_\_\_\_

Mailing address \_Click or tap here to enter text.\_\_\_\_\_\_\_\_\_

Name of contact \_\_Click or tap here to enter text.\_\_\_\_\_\_\_\_

Contact email address \_Click or tap here to enter text.\_\_\_\_\_\_\_\_

Contact phone number \_Click or tap here to enter text.\_\_\_\_\_\_\_\_\_\_

Organization website \_Click or tap here to enter text.\_\_\_\_\_\_\_\_\_\_\_\_

Summarize the mission/vision of the organization \_Click or tap here to enter text.\_\_\_\_

**Program Information**

Name of Program (Project/Event) for which the funds are requested \_Click or tap here to enter text.

Amount of funding requested $\_Click or tap here to enter text.\_\_\_\_\_\_

Date of Program (Project/Event) \_Click or tap here to enter text.\_\_\_\_\_\_\_\_

Describe how the funding will be used. \_Click or tap here to enter text.\_\_\_\_\_\_\_\_\_\_\_

Projected total funding for Program (Project/Event) $\_Click or tap here to enter text.\_\_\_\_\_\_, and how will your program be adjusted if you accept partial funding? \_Click or tap here to enter text.\_\_

Expected number of people served \_Click or tap here to enter text.\_\_\_

Describe how the organization will provide to SISF the outcome of how the funding was used (e.g., presentation or report). \_Click or tap here to enter text.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please include a financial statement for your organization, if available**

***Signature***

***of Applicant***  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ***Date*** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please email the completed application, along with your EIN/Tax ID# and

financial statement (if available) to sisfNC2@proton.me

NO LATE APPLICATIONS WILL BE REVIEWED!