



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 March 15, 2024. Funds will be allocated by May 15, 2024.

Please fill out the application in detail while keeping in mind Zonta's Mission. This year, each grant awarded will not exceed \$5000.00. 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 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:

Debbie Dacey
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

Zonta Club of Traverse City

Member of Zonta International
Advancing the Status of Women Worldwide

APPLICATION FOR GRANT AWARD

Please e-mail to dadacey12@gmail.com, phone: 513-550-1350

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 description (no more than two pages) of the service program or project to be considered for funding including the following:

- Purpose (Define specific program objectives and how they are to be achieved.)
- Timeline (Include dates that funds are needed.)
- Target population and geographic area to be served (Give consideration to the inclusion of people of all abilities and ethnicities.)
- Number to be served
- Collaborative partners
- Alignment with the Zonta Mission (as described in the cover letter)
- Process to evaluate the effectiveness of the project.

BUDGET: Provide a complete budget for the total program/project with designation for the use of Zonta funds. Include other funding sources.

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 EVALUTION 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: _____

To be completed by Zonta Club of Traverse City

Date received: _____ Committee recommendation: _____

Club decision: _____