**Soroptimist International Sierra Foothills**

**Mini Grant Application 2025**

**Soroptimist International of the Sierra Foothills 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 mini grant funds offered to 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”.**

**We will be awarding three $5000 grants.**

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

**The applications are due by April 30, 2025. Please submit your application to:** sisfgardentour@gmail.com

**Organization Information**

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Organization\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

EIN/Tax ID \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mailing address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of contact\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact email address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact phone number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Organization website\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Summarize the mission/vision of the organization\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Please include a financial statement for your organization.**

**Program Information**

Name of Program (Project/Event) for which the funds are requested

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Amount of funding requested $\_\_\_\_\_\_\_\_\_\_

Have you received funding from SISF in the past? \_\_\_\_ If so, how much have you received? \_\_\_\_\_\_\_\_\_

Describe how the funding will be used.

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Projected total funding for Program (Project/Event) $\_\_\_\_\_\_\_\_\_ and how will your program be

adjusted if you accept partial funding? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Expected number of people served \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Describe how the organization will provide the outcome to SISF and how the funding was used (by presentation or report). \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Program (Project/Event) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature

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

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

financial statement (if available) to sisfgardentour@gmail.com

NO LATE APPLICATIONS WILL BE REVIEWED!