



Women's Enterprise Foundation, Inc.

GRANT APPLICATION

The Women's Enterprise Foundation (WEF) is a 501(c)3 charitable organization that supports and inspires emerging women business owners within the greater Phoenix area, who have a demonstrated business development need or who would benefit from specialized educational training and development opportunities.

Our mission is to support and inspire such enterprising women with scholarships and grants that enable them to further their education, leadership skills and opportunities to succeed.

Grants are awarded for specialized training programs, projects or expansions within your business. Please note that WEF does not accept any applications for administrative or personnel expenses.

Qualification Criteria:

- Must have been in business for a minimum of two (2) years.
- Submit a total budget for your request, including how much you are requesting from WEF.
- Include a business plan with application – Use the simple one-page business plan attached, the SBA's sample at <http://www.wefphx.org/Simple-Plan-Template.pdf>, or you may create your own.
- Provide proof that you have the structure in place to build and grow a successful business (client base, fee structure, business forms, etc).
- Submit a Profit & Loss Statement (P&L) for the previous year, and projected current year.

Award Winner Requirements:

- Attendance at WEF Annual Signature Event 'Creating Fearless Leaders', on the first Friday in November.
- Will be asked to provide a testimony in one or more of the following forms: written, video and/or in-person.
- Must provide a Final Report (within 6 months of receiving the award) detailing the outcome of the grant monies used, along with any measurable results.

Applications are accepted in the Spring and Fall. Spring applications are accepted from February 1st - 28th. No application will be considered if received after the deadline. Spring applicants will be notified by the end of March. Fall applications are accepted from August 1st – 31st. Applicants will be notified by September 30th and presented at our Annual Signature Event "Creating Fearless Leaders" on the first Friday in November.

Award winners are encouraged to serve on the WEF Board and/or one of its Committee's. Additionally, winners are invited to attend the regular NAWBO monthly luncheons at their own expense. Participation in both organizations has a direct impact on its benefits. Winners will be paired with a Sister to ensure a warm and welcoming introduction and ongoing support in the organization(s).

I have read and understand the expectations of receiving a WEF Grant. Additionally, I understand that if I do not fulfill the above outlined responsibilities, the WEF board will request a reimbursement for the full cost of the Grant.

Print Name

Date

Signature



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GRANT APPLICATION FORM

It is important that this application be filled out in its entirety and submitted to the WEF Grants & Scholarships Committee prior to any deadline associated with requested funds program. Please be concise, yet thoughtful when answering all questions. Responses must be typed or legibly handwritten in black ink. All financial information provided will remain strictly confidential.

Completed applications and a business plan should be submitted to: wefphoenix@gmail.com (Please note, any application not submitted to the wefphoenix@gmail.com address will not be considered for a scholarship).

For additional information about Women's Enterprise Foundation (WEF) and board list, visit: www.WEFPhx.org

Contact: WEF President, Women's Enterprise Foundation, 7949 E. Acoma Drive, Suite 207, Scottsdale, AZ 85260

APPLICANT INFORMATION

BUSINESS NAME <i>(if applicable)</i>		PHONE ()
CONTACT NAME: First Middle Initial Last Mr./Mrs./Miss		WORK PHONE +Ext. ()
MAILING ADDRESS: Street Number and Name, City, State, Zip Code		
Fax ()	Email	Website
HAVE YOU EVER APPLIED FOR A GRANT WITH WEF BEFORE? <i>If so, please provide brief details of date, purpose and outcome below.</i>		<input type="checkbox"/> YES <input type="checkbox"/> NO
HOW WERE YOU REFERRED TO THE FOUNDATION?		
<input type="checkbox"/> Advertisement <input type="checkbox"/> Website <input type="checkbox"/> Board Member <input type="checkbox"/> NAWBO Member <input type="checkbox"/> Other (specify below)		
Name of Referring Member: _____		
Additional Comments (Optional):		



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GENERAL INFORMATION

Business Profile	
Date that you Started (Purchased or Inherited) the Business: mm/dd/yyyy	Industry:
Key Products or Services:	
What is your mission and purpose?	
Business Goals for this Year: (in the space provided, state at least one, but no more than three goals)	
1)	
2)	
3)	

REFERENCE DATA *(PLEASE LIST PROFESSIONAL REFERENCES WE MAY CONTACT)*

Name	Address	Telephone
Additional Information:		
Additional Information:		
Additional Information:		



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Statement of Financial Need: In the space below, please explain your financial situation and why it's important for you to receive a WEF Grant at this time.



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PRE-AWARD CERTIFICATION

- _____ I certify that I have read and completely understand the conditions of the Grant or Scholarship for which I am applying.
Initial
- _____ I certify and I agree to abide by all conditions if a Grant or Scholarship is awarded to me/my organization.
Initial
- _____ I certify that the information I have provided on the application forms is accurate, complete, and true to the best of my knowledge.
Initial
- _____ I certify that I understand that information about me and the business I represent, regarding a Grant or Scholarship may be used by WEF.
Initial
- _____ I understand that all statements contained in this application may be investigated. I agree to authorize the Women's Enterprise Foundation to secure information about my experience with former employers, education institutions and agencies, and for those parties to provide information concerning my experience, releasing all parties from any liability arising there from.
Initial
- _____ I understand I must submit a report summarizing the outcome of the Grant or Scholarship at the end of the period covered.
Initial
- _____ I understand I may be requested to present to the WEF Board of Directors on the status and outcome of the Grant or Scholarship at the end of the period covered.
Initial
- _____ I understand the Grant or Scholarship may be revoked, terminated, or suspended but are not limited to: (1) Failure to comply with the terms and conditions; (2) Material misrepresentation made by any Applicant in the application form or accompanying documents.
Initial

My signature below certifies that I have read and understand the foregoing, and to the best of my knowledge and belief the information on this form is true and correct.

_____ *Applicant Signature*

_____ *Date of Application*

Board of Directors Use Only			
Date received by Grant		Date reviewed by GraS. Committee	
Recommended to the Board? <input type="checkbox"/> YES <input type="checkbox"/> NO		GraS. Committee Chair Initials	
Date reviewed by the Board of Directors		Approved	Amount approved: \$
Disapproved	Reason disapproved:		
Treasurer		Treasurer's Initials	
Check #:	Amount: \$	Date Check mailed:	
NOTES:			