

Special Interest - The Women's Fund

Community Foundation of Middle Tennessee

SECTION 1: Basic Information

SECTION 1: BASIC INFORMATION

Which priority area would you say your mission falls under:*

Choose all that apply.

Choices

Women's Health

Women's Safety

Women's Economic Stability

Girl's Growth and Opportunity

Please explain how your mission applies/serves in any of the priority areas selected above.*

Focus more on your organization's strategic fit and distinct advantage in this specific priority area. Please emphasize alignment and relevance. What differentiates you from others working on the same issues?

Character Limit: 1500

SERVICE STRATEGIES: What is your organization's primary service strategy?*

Select your organization's **PRIMARY** strategy. For definitions of service strategies, [click here](#).

Choices

Civic Engagement

Coalition-Building

Community Organizing

Convening

Direct Services

Leadership Development

Policy Advocacy

Public Awareness and Education

Resource Distribution

Social Enterprise

GIVINGMATTERS.COM: Do you have an up-to-date GivingMatters.com Profile?*

Choices

No

Yes

Did your organization receive a Special Interest grant during 2024 grant cycle?*

Grant funding could be from any competitive Special Interest grants.

Choices

No
Yes

GivingMatters - YES

Enter Your Organization's GivingMatters.com URL*

Go to GivingMatters.com. In the top right corner, under Tools, use the "Nonprofit Directory" to search for your organization. Click your organization's profile card. Copy and paste the profile URL into the space below.

Character Limit: 2000

GivingMatters - NO

Is your organization an entity of government (local/city, county, state, or federal)?***Choices**

No
Yes

GivingMatters - Government - NO

STOP! To be considered for funding, all applicants must have a current, complete profile on GivingMatters.com.

If your organization does not currently have a GivingMatters.com profile:

Nonprofits with 501(c)(3) public charity status that are based in Middle Tennessee can sign up here. Creating a profile may take time, so we recommend starting the process early.

If your organization already has a GivingMatters.com profile:

Please ensure that it is current and complete. Profiles must include up-to-date financials, permits, leadership, and programmatic information to be eligible for consideration. You can log in to review and update your profile at any time.

For questions or support, email: givingmatters@cfmt.org.

SECTION 2: Proposal Narrative

SECTION 2: PROPOSAL NARRATIVE

Briefly describe your organization's work in your chosen focus area.*

This will be used for Community Foundation reports. Please be specific and concise as possible in your answer. Think of it as an elevator speech for a one-floor elevator ride.

Character Limit: 100

Describe the local community need your organization is addressing.*

Include what data or research guides how you meet that community need? Also, share an example that demonstrates the direct impact your work has upon the populations you serve and support.

Character Limit: 3500

Which of the following 40 counties does your organization actively & currently serve?*

To actively serve a county, your organization must directly offer programs, resources, or services to its residents on a consistent basis. This means having regular, intentional activities, events, or initiatives specifically aimed at supporting people within that geographic area, rather than providing only occasional services.

Choices

Bedford
Cannon
Cheatham
Clay
Coffee
Cumberland
Davidson
DeKalb
Dickson
Fentress
Franklin
Giles
Hickman
Houston
Humphreys
Jackson
Lawrence
Lewis
Lincoln
Macon
Marshall

Maury
Montgomery
Moore
Overton
Perry
Pickett
Putnam
Robertson
Rutherford
Smith
Stewart
Sumner
Trousdale
Van Buren
Warren
Wayne
White
Williamson
Wilson

How does your organization engage with the target population?

Include how this population helps inform, design, lead, and implement your work (not just as a recipient of the service).

Character Limit: 2000

How does your organization plan to measure its success and/or effectiveness?*

What measurable improvement will result for those you plan to serve?

Character Limit: 2000

How is your organization well-positioned to be successful?*

You may include relevant partnerships, staff expertise, ongoing work, etc.

Character Limit: 2000

Previous Funding - YES

Share key accomplishments from your organization’s work over the past 6-12 months.*

As a way to continue to listen, learn, and better advocate for your mission, we’d love to hear how our current grant is supporting your work. Please share any key accomplishments or insights that you would like us to know since receiving this grant.

Character Limit: 3500

Previous Funding - NO

Share key accomplishments from your organization’s work over the past year.*

INCLUDE in your answer: How your organization has grown, adapted, or made an impact, and what challenges or opportunities have shaped your work.

Character Limit: 3500

SECTION 3: Proposal Financial Narrative

SECTION 3: PROPOSAL FINANCIAL NARRATIVE

Provide your organization’s current fiscal year budget.

FISCAL YEAR START DATE*

Character Limit: 10

FISCAL YEAR END DATE*

Character Limit: 10

Organization’s CURRENT and PREVIOUS fiscal year budgets.

| BUDGET CATEGORY | Current Fiscal Year Amount (\$) | Previous Fiscal Year Amount (\$) |
|--|---------------------------------|----------------------------------|
| Budgeted Revenues | | |
| Budgeted Expenses | | |
| Budgeted Net Income (Revenues minus Expenses) | | |
| Roughly, how many months of cash on hand do you have in reserve? | | |

OPTIONAL COMMENTS (if any)

Character Limit: 500

Please share up to three funders and their gift amounts.

The Women's Fund is interested in understanding where there are opportunities for collaboration with our peers.

| FUNDERS (list up to three top funders) | AMOUNT | Was this a restricted or unrestricted gift? |
|--|--------|---|
| | | |
| | | |
| | | |

What are your organization's most significant financial challenges and/or opportunities?*

Character Limit: 1500

SECTION 4: Supplemental Information

SECTION 4: SUPPLEMENTAL INFORMATION

How can the Community Foundation support your work beyond financial support?*

Character Limit: 1500

Is there anything else you would like to share about your organization or the proposed work?

Character Limit: 1500

SECTION 5: Terms of Agreement

SECTION 5: TERMS OF AGREEMENT

APPLICATION & GRANT TERMS OF AGREEMENT

ACCEPTANCE TERMS OF AGREEMENT

By submitting this application, you affirm that, if selected for funding, your organization agrees to the following conditions:

USE OF FUNDS

Grant funds must be used solely for the purposes outlined in this application. Any modifications must receive prior written approval from Community Foundation of Middle Tennessee (CFMT). Funds may not be used for lobbying, electioneering, or activities that violate any laws or regulations.

GRANT PAYMENT & COMPLIANCE

If selected, payment will be issued directly to your organization upon award approval. CFMT reserves the right to withhold or request the return of funds if they are misused, compliance is not met, or if other conditions necessitate it. The grantee certifies compliance with all applicable laws, including the US Patriot Act.

INTEGRATED FINAL REPORTING

Instead of submitting a separate final report, your organization's next grant application will include a required section for reporting on grant impact, outcomes, and financial expenditures. This ensures that funding history is directly integrated into the review process for future funding. If your organization chooses not to apply for funding next year, a brief final report may be required. CFMT may request additional updates as needed.

RELEASE AND INDEMNITY

Grantee agrees, to the fullest extent permitted by law, to defend, indemnify, and hold harmless CFMT, its officers, directors, employees, and agents, from and against any and all claims, liabilities, losses, and expenses (including reasonable attorney's fees) directly, indirectly, wholly, or partially arising from or in connection with any act or omission of grantee, its employees, or agents, in applying for or accepting this grant, in expending or applying the grant funds or in carrying out any grant purpose(s) supported by this grant, except to the extent that such claims, liabilities, losses, and expenses arise solely from any act or omission of CFMT, its officers, directors, employees, or agents.

NONDISCRIMINATION POLICY

The grantee will not discriminate based on race, gender, religion, national origin, disability, or other protected statuses in programs funded by CFMT.

TRANSPARENCY & PUBLIC RECOGNITION

To provide the utmost transparency, Grantee understands that CFMT may use the data from grant reporting to create a compilation of all grantee reports in part and/or post an actual copy of the report(s) to CFMT's website(s) for view by the public. The information provided on your work and the outcomes measured will keep the public informed about the goals accomplished with the funds awarded from CFMT. Grantees are encouraged to acknowledge CFMT support in promotional materials using the Grantee Press Toolkit provided.

GRANT CANCELLATION & UNUSED FUNDS

If the grant purpose changes or is no longer feasible, the grantee must notify CFMT. Any unused funds over \$100 must be returned.

CERTIFICATION & AGREEMENT

By submitting this application, you certify that:

- Your organization is a 501(c)(3) nonprofit public charity and remains in good standing.
- You understand and accept these grant terms.
- You are authorized to submit this application on behalf of your organization.

AGREEMENT*

Choices

I AGREE TO THE ABOVE TERMS OF AGREEMENT

AUTHORIZED INDIVIDUAL*

Enter your First Name, Last Name and Title

Character Limit: 250

Date Submitted*

Character Limit: 10