



## Zonta International Centennial Anniversary Grants Preparation FOR INFORMATION ONLY

This document is for preparation purposes only. All applications must be completed in English and submitted using the online application form. Hard copy and email applications will not be accepted.

### PARTNERING ORGANIZATION

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

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Country: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Contact Name: \_\_\_\_\_

Email Address: \_\_\_\_\_ Website: \_\_\_\_\_

### What is the organization's mission?

**What is the organizational structure?** *Organizational structure is typically a system used to define the hierarchy within an organization. It identifies each job, its function and where it reports to within the organization. The structure is often illustrated using an organizational chart.*

**Is the organization a registered charity/not-for-profit entity, for example: has 501(c)(3) status, a charity number/reference or equivalent? Yes/No**

*If yes, please enter charity number/reference. If no, please provide additional information to demonstrate that the organization is a registered legal entity established for charitable purposes or social good. Please note that U.S. organizations will need to provide a W9 Form.*

Charity number/reference:

**Does the organization have a Diversity Policy? Yes/No**

*If yes, then please upload a copy of the policy. If no, please upload a statement explaining how the organization promotes equality and diversity in the workplace and safeguards those who may face inequality or harassment because of age, disability, race, sex, religion or belief.*

**Does the organization have a Health and Safety Policy? Yes/No**

*If yes, then please upload a copy of the policy. If no, please upload a statement explaining how the organization ensures a safe and healthy workplace and has practices in place to avoid accidents and protect the general public and organization members from getting hurt.*

**What is the relationship between the club and the partnering organization?**

**Describe how your relationship with the partnering organization complies with Zonta's Affiliation with Other Organizations Policy.**

**Do any members of the club have potential conflicts of interest with the partnering organization? Yes/No**

*If yes, please provide additional information.*

**Has the organization partnered with Zonta for any project in the past? Yes/No**

*If yes, please provide details of the project or program. Insert date \_\_\_\_\_*

**What support, in terms of time, money, or service hours, does your Zonta club currently provide to the organization?**

**Please provide details of the partnering organization's reputation in your community/region.**

## PROJECT DESCRIPTION

**What is the name of the project?**

**Where will the project take place?**

**What is the expected completion date?** *Projects should preferably be completed by 31 March 2020 to allow for timely communication before the end of the biennium and the 2020 Convention.*

**How many women and girls will benefit from this grant?**

**Please select which aspect of the ZI Objects the project addresses (tick all that apply).**

- |                                      |   |
|--------------------------------------|---|
| <input type="checkbox"/> Legal       | <input type="checkbox"/> Health                 |
| <input type="checkbox"/> Political   | <input type="checkbox"/> Professional           |
| <input type="checkbox"/> Economic    | <input type="checkbox"/> Violence Against Women |
| <input type="checkbox"/> Educational |   |

**What are the main goals/objectives of the project?**

**How many people will be involved:**

- in the management and delivery of the project funded by the grant and
- what are their roles?

**Describe the role, if applicable, that your club will have in this project.**

**PROJECT IMPACT**

**How will you measure your project's impact to the beneficiaries, local community and/or wider society?**

**How will success be measured?**

**What evidence will you provide to confirm delivery of the project to the intended recipients?**

**PROJECT BENEFIT TO COMMUNITY**

**Describe the community needs that the project will address.**

**How did the project team identify these needs?**

**How were members of the benefiting community involved in finding solutions to these needs?**

**How were community members involved in planning the project?**

**PROJECT VISIBILITY AND CREDIBILITY FOR ZONTA**

**What visibility will the project provide for Zonta in your community?**

**How does the partnering organization intend to inform stakeholders, media and the community that they received this grant?**

**PROJECT SUSTAINABILITY (IF APPLICABLE)**

**What is/are the long-term benefit(s)?**

**PROJECT FUNDING**

**How much money is required to complete project (maximum grant US\$ 5,000)?**

**Describe exactly how the grant funding will be used and include a breakdown of the budget (in US\$) and the percentage of the grant, if any, which will be used for administration purposes.**

*Please note you will need to upload a copy of the budget.*

**Please give details of any other co-operating organization(s) providing funding or who are involved in the delivery of the project.**

**What, if any, budgeted items will be purchased from local vendors?**

**If the grant will be used to purchase any equipment, will the equipment be culturally appropriate and conform to the community's technological standards?**

**After the project is completed, who will own the items purchased by grant funds?**

*No items may be owned by a Zonta district, club, or club member.*

**What processes will be used to monitor and ensure funding is effectively managed?**

**ZONTA CLUB**

Club Name: \_\_\_\_\_ Club No: \_\_\_\_\_

District: \_\_\_\_\_

Country: \_\_\_\_\_

Name of Contact Person: \_\_\_\_\_

Contact Email: \_\_\_\_\_ Skype: \_\_\_\_\_ Telephone: \_\_\_\_\_

Date club approved application: \_\_\_\_\_

**Please explain why you endorse the application.**

Please upload the signed copy of the Partnering Organization Declaration form.

I confirm that the Governor of our district has been informed of this application.

By submitting this grant application I/we confirm that all information contained in this application is, to the best of my/our knowledge, true and accurate.

Completed by: \_\_\_\_\_ Position in Zonta: \_\_\_\_\_

Signature (required): \_\_\_\_\_ Date: \_\_\_\_\_  
Signature (Type full name here)