

**Alaska Ski for Women 2010 Grant Proposal
Cover/Summary Sheet**

Organization name: _____

Address/City/Zip: _____

Name and title of contact person: _____

Contact person email: _____ Phone: _____

Amount requested: _____ IRS non-profit tax ID number (EIN): _____

Has the Applicant received ASFW funding in the past? Yes No

If yes, please list years and amounts below:

Past Project title(s): _____

Amount(s) received: _____ Date(s) funded: _____

Final report completed: Yes No Please attach report or provide expected date: _____

Please provide a brief summary of the purpose of your proposal/project and how it specifically provides services that 1) help to stop the cycle of domestic abuse against women and children, or 2) provides them safe harbor, or 3) provides services to raise women's self-esteem, via gains in physical, emotional, or economic well being for themselves or their families after crisis.

Outcomes expected:

Target population and approximate number to be served via this project:

Method of evaluation:

Is there a plan for continued activity beyond AFWF support? (Describe)

Total budget for requested project: _____

Total amount requested from ASFW: _____

Other sources of funding for this project: _____

If grant project is selected, the signature below confirms agreement to provide the following to the ASFW Grant Committee:

- Create a summary report, maximum one page, describing the results of the project by June 30, 2011.
- Submit a budget on how funds were spent by June 30, 2011.

Signature of Project Director: _____ Date: _____