



## **50 Women Gulf Coast**

### **50 Women Gulf Coast Mission Statement**

*50 Women Gulf Coast is a community seeking to transform lives on the Mississippi Gulf Coast by empowering women to be strategic philanthropists.*

### **50 Women Gulf Coast Grant Process**

50 Women Gulf Coast is a donor advised fund under the Bacot Foundation of South Mississippi. This donor advised fund is made up of women whose commitment is to know and serve their community by collectively funding a significant charitable initiative on an annual basis. By pooling individual resources, 50 Women Gulf Coast expects, to make a substantial impact on community life by awarding a grant to fund a project with high potential for public impact. Grant funding comes from member contributions, and each contributing member of 50 Women Gulf Coast will vote to select the final funded project.

The official grant submission period will open on February 1, 2024 and will close on April 1, 2024. After a period of review, the grant winner will be announced. An organization must sit out two grant application cycles after being awarded a grant.

### **How do we determine your nonprofit's eligibility for the 50 Women Gulf Coast Women Grant?**

Only tax-exempt organizations under Section 501(c)(3) of the Internal Revenue Code and classified as a public charity may apply.

Organizations must be able to certify the following: No action, suit, investigation, claim or proceeding of any nature or kind whatsoever, whether civil, criminal or administrative, by or before any Governmental Body or arbitrator ("LITIGATION") is pending or, to the knowledge of Grantee, threatened against or affecting Grantee, any lease or property or any of the subjects related to this Grant Proposal, and there is no basis for any such Litigation. There is presently no outstanding judgment, decree, or order of any Governmental Body against or affecting Grantee, any of its assets or liabilities, or any of the subjects related to this Grant Proposal. Grantee has no pending Litigation against any third party.

Applicant organizations must be based in Jackson, Harrison, or Hancock Counties.

The project may be a capital project, new program, or an expansion of an existing program.

The total budget for the project, program or expansion must be greater than or equal to \$50,000.

50 Women Grant funds may be used as matching funds for another previously awarded grant that requires matching funds. Documentation of the grant award letter, the project, program, and the requirement for matching funds must be provided at the time of application for “50 Women” grant funds.

Projects or programs with non-profit organizations or a government entity will be considered with the understanding that all “50 Women” grant dollars must be utilized by the winning non-profit. Collaborations with for-profit entities for projects will not be considered.

Grant money must be used to perform/implement the primary function/purpose of the project or program. Grant money cannot be used for fundraising events. Grant money cannot be used for administrative/management, consulting, financing, legal, accounting or any other costs that are not directly attributed to the primary purpose of the project or program.

## **Here are the Steps to Apply for a Grant**

### **STEP 1**

#### **Download our Grant Application.**

- Submit the Grant Application within designated timeline.

### **STEP 2**

#### **How are applications reviewed?**

- Members of 50 Women Gulf Coast, review the applications.

### **STEP 3**

#### **How are grants awarded?**

- Each 50 Women Gulf Coast member votes.
- The votes are counted, and the grant recipient is named.



## GRANT APPLICATION

**PROJECT INFORMATION, please number each answer per questions below.**

1. What is the name of the Organization applying for this grant?
2. What is the program/project title?
3. What is the total budget for this project?
4. Charity must be registered with the Mississippi Secretary of State and a copy of the certificate must be uploaded, in a PDF format. You will be disqualified if you fail to provide this!
5. Upload required 501(c) (3) public charity tax determination letter, in PDF format. You will be disqualified if you fail to provide this!
6. Contact for program/project. Contact title. Contact phone and email.
7. Summary of project: Give a brief summary of your project. Also include estimated duration of project, with expected start and end date. It may be a new or existing project.
8. Describe the target population of the project and the specific need in the community. Also estimate the number of direct and indirect recipients that this project will serve.
9. Describe the goals of your project: what you hope to accomplish and the expected impact on the target population and the overall community.
10. Describe the specific activities that will be used to accomplish the program objective.
11. Do you have other funding sources for this project? If so, please describe.
12. Why is your organization qualified and appropriate to address this need or benefit?
13. Describe how or why you selected this project and how the project fits into your organization's mission.
14. Describe how you will know when you have accomplished your goals and how you plan to measure impact and results.

15. Does this project require any certification or license, and if so, do you have it?

License or certificate is not required.

We have the required license or certificate and will have it available.

We do not have the required license or certificate. Explain your plans for obtaining the required license or certificate.

16. Will this project involve making capital improvements to any property?

No, capital improvements are not part of this project.

Capital improvements ARE a part of this project, and our agency owns the property.

Capital improvements ARE a part of this project, and our agency DOES NOT own the property. Please describe the legal relationship between your agency and the owner of the property in question.

#### **ORGANIZATION INFORMATION**

1. Organization (Legal Name):

2. Federal Tax ID Number:

3. Web site/Social Media Address:

4. Agency Phone Number:

5. Agency Email Address:

6. Executive Director (full name and title):

7. Executive Director Phone Number:

8. Executive Director Email Address:

9. Board Chair/President Name:

10. May we recognize your organization as an applicant at the end of the awards process? Y or N

11. Mission statement and brief history of your organization, including notable successes.

12. Current Programs and Projects

13. A follow up report including actual expenditures and tracked results is required to be submitted to 50 Women Gulf Coast after the conclusion of the project or annually.

**CERTIFICATION**

1. Our tax-exempt status under IRS section 501(c) (3) has not been revoked or modified.

We Agree  We Do Not Agree

2. No action, suit, investigation, claim or proceeding of any nature or kind whatsoever, whether civil, criminal, or administrative, by or before any Government Body or arbitrator (“LITIGATION”) is pending or, to the knowledge of Applicant, threatened against or affecting Applicant, any lease or property or any of the subjects related to this Grant Proposal, and there is no basis for any such Litigation. There is presently no outstanding judgment, decree, or order of any Governmental Body against or affecting Applicant, any of its assets or liabilities, or any of the subjects related to this Grant Proposal. Applicant has no pending Litigation against any third part.

We Agree  We Do Not Agree

3. Our governing board has formally approved this grant application as it is currently written and has authorized the submission of this application for funding.

We Agree  We Do Not Agree

4. Name of 1<sup>st</sup> Signer:

I certify, by typing my name and position below, that I hold the position so stated; that to the best of my knowledge, the information and statements contained in this application are true, correct, and complete.

5. Position of 1<sup>st</sup> Signer:

Please give the role of this person within the organization (example: Board Chair, Executive Director, Board Member)

6. Name of 2<sup>nd</sup> Signer:

I certify, by typing my name and position below, that I hold the position so stated; that to the best of my knowledge, the information and statements contained in this application are true, correct, and complete.

7. Position of 2<sup>nd</sup> Signer:

Please give the role of this person within the organization (example: Board Chair, Executive Director, Board Member)

1<sup>st</sup> Signer \_\_\_\_\_

Date \_\_\_\_\_

2<sup>nd</sup> Signer \_\_\_\_\_

Date \_\_\_\_\_



## 50 Women Gulf Coast

Joey Conwill	Lee Ann Hunter
Mary Sunderman	Lynsey Cox
Bonnie Schwartz	Rebecca Finlay
Jennifer Cochran	Melissa Bodart
Christi Seely	Jennifer Jones
Marla Gentry	Camille Elkins
Starr Cartrett	Christian Reese
Heather Denison	Lori Cox
Laura Lacoste	Carrie Niolet
Charissa Borries	Vicki Applewhite
Adrienne Boothby	Katherine Swetman
Kim Fritz	Leslie Heard
Roxy Condrey	Amy LeBert
Angel Riskey	Kimme Hargrove
Jessica Luce	Sara Cotton
Laura Sessum	Jackie Warrick
Marie Sanderson	Hannah Inman
Kelly Dial	Jennifer Davi
Summer Shelby	Kayla Confer
Leah Garner	Wendy Figer
Cassie Zayed	Bonnie Munro
Ashley Tallyn	Yekaterina Karpitskaya
Amanda Ray	Samantha Bignell
Teri Freitas	Tamara Del Vescovo
Stacy Pogue	Dana Del Vescovo