

Professional Dimensions Charitable Fund

SIGNATURE PROJECT APPLICATION

Your Name *

Enter your name

Email address *

Enter your email address

PD Champions' Names and Preferred Contact Information *

Enter your answer

Nonprofit Organization (Applicant) Name and Preferred Contact Information *

Enter your answer

Nonprofit Organization Website *

Enter your answer

Nonprofit Organization Address *

Enter your answer

Nonprofit Organization EIN Number *

Enter your answer

Has the governing board approved a policy stating that the nonprofit applicant does not discriminate as to age, race, religion, sex, or national origin? *

Choose one... ▾

Is the nonprofit applicant Woman Led? *

Choose one... ▾

Is the nonprofit applicant led by a Person of Color? *

Choose one... ▾

What percentage of the Nonprofit Organization's Board of Directors consists of People of Color? *

Enter your answer

Nonprofit Applicant Questions – Organizational & Project Overview

In 9-12 sentences, please share your mission, population and geographic area served, and major accomplishments. *

Enter your answer

Demonstrate, in 3-4 sentences, your track record of helping women and girls achieve self-sufficiency in Milwaukee, or your plan to incorporate this as a new mission focus moving forward. *

Enter your answer

How do you define success for this project or program? What outcomes will be measured and how? Please use no more than 5 sentences *

Enter your answer

In 2-3 sentences, how do you plan to use the funds? *

Enter your answer

Is this a new or existing program? If new, what challenge does this project/program address? (If existing, just type 'existing') *

Enter your answer

Please attach your IRS Tax Exemption determination letter, the most recent audited financial statement (if applicable), the organization's budget, and a current income and expense statement *

Select files...

or drag and drop files here

I have read the full description of the application linked at the top of this page and I agree to the commitments both from the community organization and the PD Champion *

Choose one... ▾

I understand that this grant requires approximately 5-10 hours of collaboration monthly from the PD Champion and at least one contact at the community organization * (This collaboration should be a value add and not an undue burden on the community organization)

Choose one... ▾

Please share the relationship of the PD Champion to the nonprofit organization? (i.e. board, committee, regular volunteer, etc.) *

Enter your answer

Please share any additional relevant information below

Enter your answer

Please provide an electronic signature from the Nonprofit Applicant by typing your name below *

Enter your answer

Submit

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