

**PSLBW 2025 Grant Program Application**  
Due no later than 5:00pm on July 30, 2025  
Email to Mindi Fetterman at [grants@pslbw.com](mailto:grants@pslbw.com)  
Subject PSLBW GRANT APPLICATION

**Section A: APPLICANT INFORMATION**

*Complete the information below. Be sure to identify the agency official who is authorized to execute any grant related documents/funds:*

1. Application Submitted by: \_\_\_\_\_
2. Agency Name: \_\_\_\_\_
3. Address \_\_\_\_\_
4. Email Address \_\_\_\_\_
5. Telephone number \_\_\_\_\_
6. Authorized official \_\_\_\_\_

**SECTION B: PROGRAM INFORMATION**

1. Program name: \_\_\_\_\_
2. Program Type: \_\_\_\_\_
3. Annual Budget and source of funding for program: \_\_\_\_\_
4. Amount of grant funds requested: \_\_\_\_\_
5. Estimated number of individuals served: \_\_\_\_\_
6. Estimated number of individuals/families that the grant will serve: \_\_\_\_\_

**SECTION C: NARRATIVE INFORMATION**

*On an attached sheet(s), answer the following questions as concisely as possible. Please limit total response to 500 words or less.*

1. How will the program support and impact the lives of women and/or children? What services will it provide to participants?
2. What procedures and guidelines will be used to select and monitor program participants/grantee?
3. What specific outcomes do you seek to achieve? Describe in measurable terms and outcomes sought.

**SECTION D: CERTIFICATION**

I do hereby certify that all facts, figures and representation made in this application are true and correct and that fiscal control shall be implemented to ensure proper accountability of any grant funds awarded. The filing of this application has been authorized by the grant applicant and I have been duly authorized to act as the representative of the Grant Application in connection with this application. I also certify that this is a 501(c) (3), Not for profit organization.

Authorized Official's Signature & Date

Print Authorized Officials Name

Name of Grant Applicant

Tax ID