## Organization Information

* Name of the organization seeking funding?
* What is the organization's address?
* What is the name of the point of contact?
* What is the email address of the point of contact?
* Name of program or initiative to be funded?
* Does your organization have an active profile in [The Giving Partner](http://thegivingpartner.org/)?

If you do not have a profile in The Giving Partner, please upload a copy of your most recent 990.

Please also upload a list of current board members

## Project Information

**ATHENA MISSION**: The Athena Progressive Giving Circle (APGC) is a community of women funding programs/initiatives that meaningfully improve the lives of women and girls in our community. APGC is a component fund of the Community Foundation of Sarasota County.

**ATHENA PROGRESSIVE GIVING CIRCLE BELIEFS**:

# Every woman has the right to make her own decisions about issues important to her, including the management of her assets, education of herself, her children and health care choices, including reproductive rights.

* 1. It is still necessary to use the lenses of race, gender, sexual orientation, ethnicity and religion to assure equality.

We will seek non-profit partners working on long-term solutions, who can demonstrate positive impact in the communities they serve. Grants will be awarded to U.S. IRS 501(c)3 and other tax-exempt organizations for programs or initiatives in Sarasota/Manatee counties in Florida.

* How does your program align with Athena’s mission, beliefs, and focus area?

Please note: Projects funded must reflect Athena's mission, focus areas, and grantee guidelines.

* Provide a detailed description of your program or initiative and how the grant would be utilized to achieve the objectives.

*Please note: Please refer to the Athena Proposal Statement 2023 for clarification on expected information. Athena would like to see meaningful results associated with grants made. Consequently, specific programs or initiatives with clearly articulated objectives, measures, and milestones are preferred.*

* Which focus area aligns best with your project's goals?
* Please describe how your project correlates to the chosen focus area.
* What counties are impacted by this project?  Sarasota County  Manatee County

Provide any attachments related to this program or initiative.

Please note: You can only upload one document in this field (i.e., additional documentation, etc.)

## Budget Information

* Amount of request?

Please note: You can request up to $27,000 maximum

* Are there other sources of funding for the program or initiative proposed? If so, what is the origin? If not, how will the program be sustained after the initial funding?
* What is the budget for the program/initiative?

*Please note: Provide as much detail as possible to explain how you will use the funds*. *Non-profit partners must be prepared to provide reporting on the use of funds and progress against objectives on an agreed-upon schedule.*

* Please attach an itemized budget form for our review