Please see page 8 regarding IDC Rate Limit.



# 2024-2025 Grant Program

**Grant Application** 

### **Our Mission**

ASU Women and Philanthropy inspires and empowers accomplished women to become visionary investors through a collective, significant force supporting Arizona State University.

### **Contact Information**

ASU Foundation for A New American University: Fulton Center, 6th Floor; Mail Code 5005.

#### **ASU Women and Philanthropy**

ASUWomenandPhilanthropy@asufoundation.org

Title Page



## **Grant Information**

**Primary Contact Details** 

Full Title of Grant: \*

ex: Veterans Imagination Project: Speculative Fiction and Futures Thinking for Transitioning to the Civilian Workplace

College, Unit, or Institute: *  Department or Program Name:  Dean/Director has Approved Advancing this Grant for ASU Women & Philanthropy 2024-25 grant cycle: *  Impact Area: *  Impact Area: *  Impact Area: *  Select the priority that most aligns your grant proposal with the ASU Charter?: *	
Department or Program Name:  Dean/Director has Approved  Yes Advancing this Grant for  No ASU Women & Philanthropy 2024-25 grant cycle: *  Impact Area: *  This field is required.	
Dean/Director has Approved Advancing this Grant for ASU Women & Philanthropy 2024-25 grant cycle: *  Impact Area: *  This field is required.	
Advancing this Grant for ASU Women & Philanthropy 2024-25 grant cycle: *  mpact Area: *  improve than one apply, select rimary impact area.  This field is required.	
imore than one apply, select rimary impact area.  This field is required.	
This field is required.	
Select the priority that most aligns your grant proposal with the ASU Charter?: *	
release the priority that most angle your grant proposal with the 7.00 onarter in	*
Reshape our relationshi Empower community res Build the future of health Advance technology for  select one that most aligns.	
Amount Requested: * \$  Rounded to nearest dollar	
Is partial funding	
If yes, please include amount: \$  Rounded to nearest dollar	
Physical Address: *	
Street Address Line 1	

City	State / Province			
-				
Postal / Zip Code				
Primary Contact Person:	*			
-				
First Name Last Name				
Title: *				
1100				
E-mail: *				
ex: myname@example.co	m			
, 0 1				
Phone Number: *				
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	Phone Number			
Area Code Secondary Contact Perso	Phone Number			
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Secondary Contact Personal First Name  Last Name  Title: *	Phone Number  On: *			
Secondary Contact Personal First Name Last Name  Title: *  E-mail: *	Phone Number  On: *			
Secondary Contact Person  First Name Last Name  Title: *  E-mail: *  ex: myname@example.co	Phone Number  On: *			
Secondary Contact Personal First Name  Last Name  Title: *  E-mail: *  ex: myname@example.comexample@example.comexample.com	Phone Number  On: *			
Secondary Contact Person  First Name Last Name  Title: *  E-mail: *  ex: myname@example.co	Phone Number  On: *	-		
Secondary Contact Personal First Name  Last Name  Title: *  E-mail: *  ex: myname@example.comexample@example.comexample.com	Phone Number  On: *		ne Number	
Secondary Contact Personal First Name  Last Name  Title: *  E-mail: *  ex: myname@example.comexample@example.comexample.com	Phone Number  On: *		ne Number	
Secondary Contact Personal First Name Last Name  Title: *  E-mail: *  ex: myname@example.com  example@example.com  Phone Number: *	Phone Number  On: *		ne Number	
Secondary Contact Personal First Name  Last Name  Title: *  E-mail: *  ex: myname@example.comexample@example.comexample.com	Phone Number  On: *		ne Number	
Secondary Contact Personal First Name Last Name  Title: *  E-mail: *  ex: myname@example.com  example@example.com  Phone Number: *	Phone Number  On: *		ne Number	
Secondary Contact Personal First Name Last Name  Title: *  E-mail: *  ex: myname@example.com  example@example.com  Phone Number: *	Phone Number  On: *		ne Number	

example@example.com			
RA Phone Number: *	Area Code	- Phone Number	
ERA Funding Proposal Number (FP#): *			
Personal Statement a	nd Summary	<	
Personal Stateme	ent		
This statement clearly articul	ates in 50 words or less w	hat you are requesting: *	
		course which will study rainfall patterns in Pho summer program for incoming foster youth stud	
Proposal Summa	ary		
Write the summary as if this reads before voting (Maximum		and Philanthropy member	
		//	
Be sure to make it clear and concise,		I. Tell your story (mission, vision, promise, appr of grant) in a succinct, compelling, and powerfu	
Sustainability			

Explain the sustainability of your project, for example, what are your plans to help this project continue after a year of funding from ASU Women and Philanthropy (Maximum 500 words). \*

Tuna hana	
Type here	
	//
Long term or future plans for this project are encouraged in this section.	0/500

## **Student Impact**

Will this grant involve students? If so, how do you anticipate their impact (ex: learning experience, skills development, academic credit, beneficiary of the grant's success, etc.)? \*



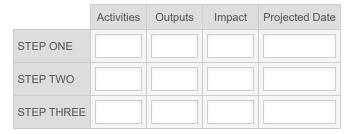
You will have the opportunity to fill in student involvement in your budget, please use this area to explain the grant's impact on students.0/250



This field is required.

## **Logic Table**

On the provided logic table, please describe 3 project milestones. Be sure to include a key date for each step and keep each input under 30 words. The goal of this table is to help illustrate the steps needed to achieve your overall goal (as stated in your proposal summary). \*



**Activities:** What you plan to do to make the project happen.

Outputs: What you plan to produce or deliver as part of the project.

Impact: Changes immediately after or within 1-2 years.

Budget

# **Budget**

If you do not have a budget request for a section, please enter "0" into empty boxes.

## Personnel - Salaries, Wages, and Benefits

Please describe all personnel requests specifically.

**Example**: Please write rate of pay (i.e. \$100,000), the percent full-time (i.e. 12.5%) and the total amount (i.e. \$12,500).

#### 1. Positions

	Rate of Pay (\$)	% FTE (%)	Total Amount (\$)
Faculty Position #1			
Faculty Position #2			
Faculty Fringe Benefits			
Staff Position #1			
Staff Position #2			
Staff Fringe Benefits			
Student Position #1			
Student Position #2			
Student Fringe Benefits			
Additional Position #1			
Additional Position #2			
Additional Position #3			
Additional Fringe Benefits			

1	a.	TO	<b>TAL</b>	P	ositions	Costs:	*
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<b>ሰ</b>			
D			

Total of all budget requests under Box #1 (total of Total Amount (\$) column)

#### 2. Student Tuition Remission Flat Rate

	Total Amount (\$)
Student Tuition Remission Flat Rate	

### 3. TOTAL Personnel Costs: \*

|--|

Total of all budget requests under Personnel (Box #1a + Box #2)

## **Other Detailed Costs**

#### 4. Direct Costs

	Description	Amount (\$)		
Equipment				
Supplies				
Other				
<b>5. Indirec</b> 6% ASU Ad	t Costs: '		\$ Personnel (Box #3) + Direct (Box #4a) + Indirect Costs (Box #5)	
Optional	Budget Ju	ustification	n/Additional Information	
Max 250 words			0/250	
IVIAN ZOU WOIGS			UIZUU	
Team	Availab	oility		

# **Team Availability**

If selected as a semi-finalist, you will be required to present your proposal to our Grant Review Committee on Friday, February 20. If selected as a finalist, you will be required to present your proposal to the entire ASU Women & Philanthropy donor group on

	elebration to be held in early May.
*Please note: You and hold them on your cal	I your team MUST be available during these dates, so please lendars.*
Pitch Day: Friday, Febr	uary 20 from 8:00am-4:30pm
Presentations: Wednes	day, April 2 from 8am-1pm
Spring Celebration: Ear	rly May
acknowledge these d  Yes  No	lates and times, and have them held on my calendar *
Additional Co	omments
	omments
	omments
	omments
Additional Co	omments
	omments