



Community Foundation of Portage and District Inc.  
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Phone: 204-856-1971

## WOMEN WHO CARE FUND APPLICATION - 2025

Each year the earnings from the *150 Women Who Care* event is added to the *Women Who Care Fund* and the investment income grows. Each year at this event a grant is awarded to an organization, project, or initiative that focuses on supporting, empowering, educating, and/or investing in women and girls. Grant funds must be used within 1 year of the event. You may be asked to attend the event the following year to share how the funds were used and the impact it had on your organization and the community. Deadline for applications is January 17, 2025.

### APPLICANT DETAILS

Name of organization/group: \_\_\_\_\_

Name of person completing application: \_\_\_\_\_

Address: \_\_\_\_\_

City/Town: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Website: \_\_\_\_\_

### DETAILS

**Organization /Project supports the following Objectives of the CFPD (check most relevant Objectives):**

- |  |  |
|--|--|
| <input type="checkbox"/> Social services   | <input type="checkbox"/> Physical fitness and health |
| <input type="checkbox"/> Arts and cultural activities                                    | <input type="checkbox"/> Education                   |
| <input type="checkbox"/> Medical services  | <input type="checkbox"/> Environment                 |
| <input type="checkbox"/> Child welfare, youth development, and family well-being         |  |
| <input type="checkbox"/> Other community activities or facilities of a charitable nature |  |

1. Please describe your organization/group and how it focuses on supporting, empowering, educating and or investing in women and girls.

2. Describe how this grant will impact our community & your organization and what it will be used for.

**ACKNOWLEDGMENT BY APPLICANT**

- You understand that if your application is incomplete or late, it will not be accepted for review.
- If your application is approved, you give permission, on behalf of the Applicant, for the CFPD to make details of this Application and the Project available to the media, CFPD donors, and the public.
- You understand that failure to abide by any conditions the CFPD may impose may result in the funds having to be paid back to the CFPD and may impact your eligibility to receive future grants from the CFPD.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date