



Community Foundation of Portage and District Inc.

206 Saskatchewan Ave E

Portage la Prairie, MB, R1N 0K9

info@cfpdi.ca

Phone: 204-856-1971

WOMEN WHO CARE Event Details

When: Thursday, February 19, 2026

Where: William Glesby Centre

- ❖ 150 women will each commit a \$100 donation to the CFPD to attend.
- ❖ A \$10,000 grant will be awarded to one deserving organization or group that evening.
- ❖ The Special Events Committee will select five local organizations or groups from Portage la Prairie & District to pitch their case for funding.
- ❖ Pitchers will present to the audience using a combination of digital video and in-person appeal.
- ❖ Every woman in attendance will cast one vote (via poll) to determine the recipient of the \$10,000 grant.
- ❖ All attendees will receive a \$100 charitable tax receipt directly from CFPD for their donation.

WOMEN WHO CARE COMMUNITY IMPACT GRANT Selection Process

- ❖ Applicants must prepare and submit the following application by **January 15, 2026**.
- ❖ Five applicants will be chosen to pitch their organization, project, or program at the Women Who Care event.
- ❖ Each will deliver a presentation (with or without digital video support and/or props) that describes their organization and explains why they should be awarded the \$10,000 grant.
- ❖ The applicant chosen for the \$10,000 grant will receive the funds immediately.
- ❖ Grant funds must be used within 1 year of the event.
- ❖ Within 90 days of project completion, the grantee must submit an Evaluation Report with supporting photos and receipts, in a form required by the CFPD.

WOMEN WHO CARE COMMUNITY IMPACT GRANT Eligibility Requirements

To ensure eligibility, applicants are encouraged to carefully review the following Eligibility Guidelines, prior to completing a Women Who Care Community Impact Grant Application.

1. Project must benefit primarily the citizens of Portage la Prairie and District, **and** support at least one of the CFPD's Objectives:
 - To support organizations providing social services in the community;
 - To assist and promote the arts and cultural activities;
 - To advance education;
 - To support and advance the provision of medical services;
 - To encourage and support physical fitness and health;
 - To support child welfare, youth development, and family well-being;
 - To support the enhancement of the environment; and
 - To support and advance other community activities or facilities of a charitable nature.

WOMEN WHO CARE COMMUNITY IMPACT GRANT CHECKLIST

All Applications must include:

- ☐ Completed Application Form

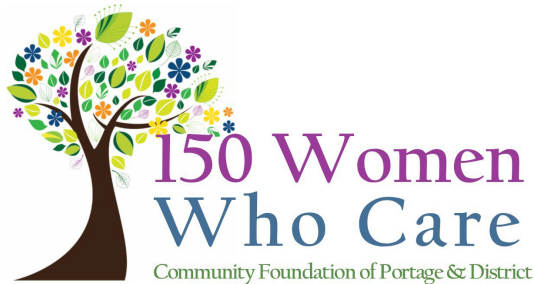
If more than one Organization is submitting the Application, Application must also include:

- ☐ Letter of Support from Partner Applicant Organization

Application Deadline: January 15, 2026

Application & supporting documents can be dropped off at the office, mailed, or emailed to
executivedirector@cfpdi.ca

***YOU ARE RESPONSIBLE FOR ENSURING YOUR APPLICATION IS COMPLETE AND SUBMITTED ON TIME.
INCOMPLETE or LATE APPLICATIONS WILL NOT BE ACCEPTED.***



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WOMEN WHO CARE COMMUNITY IMPACT GRANT APPLICATION FORM

APPLICANT DETAILS

Name of organization/group: _____

Name of person completing application: _____

Address: _____

City/Town: _____ Postal Code: _____

Telephone: _____ Cell Phone: _____

Email: _____ Website: _____

PITCH 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 its purpose in three or four sentences.

2. Provide a description of the “pitch” you will provide to the Women Who Care audience. Detail who is pitching and what it comprises.

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

4. What is the total cost of your project? \$_____.

How much have you raised to date? _____.

ACKNOWLEDGMENT BY APPLICANT

By submitting this Application, you are acknowledging that:

- You are the person named on page 1 of this Grant Application Form, and you are authorized to submit this Application.
- 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 also give permission for CFPD to utilize your email address to send updates and further grant opportunities, and to receive the monthly newsletter. Contact CFPD directly if you wish to opt out of these emails.
- If your application is selected to “pitch” at the *Women Who Care Event*, you understand that you will be required to:
 - Prepare a presentation for *the Women Who Care Event*.
 - Attend the Event to “pitch” the need for the \$10,000 grant.
 - Keep your “pitch” within 5 minutes.
 - Handle props (if used) completely on your own.
- If your application is selected as the recipient of the \$10,000, you understand that you will be required to:
 - Sign a Grant Agreement confirming the details of the grant;
 - Spend the funds for the approved purpose within 1 year of the event;
 - **Within 90 days of project completion**, submit an Evaluation Report with supporting photos and receipts, in a form required by the CFPD; and
 - Report on the project at the next 150 WWC event.
- 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