

**WOMEN'S CARE FOUNDATION
GRANT APPLICATION**

_____ **DATE**

Name of organization _____

Address _____ **Phone** _____

Address of visitation site _____ **Phone** _____
(this will be kept confidential)

Person making application _____

Contact person, if not same as above _____

Signature of director _____

Request is for ___ **special program** ___ **one-time capital expenditure** ___ **operating support**

Amount requested _____

For what specific purpose/objective is this grant requested?

Can you give evidence of the need for your request, in terms of both your financial situation and as a community service need?

**If a grant could be provided, would you plan to continue your program/project when the grant expires?
How would it be funded in the future?**

Who and how many will be served by the program/project directly and indirectly?

If the WCF grant provided only part of the requested amount, could the program/project still be undertaken? What changes, if any, would you make?

List previous grant applications to Women’s Care Foundation during the last five years.

Date of Application Capital/Operating/Program Amount requested Amount received

Please include the following with this application form:

_____ the organization’s determination letter from the Internal Revenue Service granting Section 501(c)(3) status

_____ list of current Board members

_____ list of funding sources (including fundraising events and major contributors)

_____ budget for this project

_____ current agency budget with year to date figures

_____ last fiscal year-end financial statement

What are the ages of the women served by this program/project? _____

Where did you hear about the Women’s Care Foundation? _____