Women's Health Fund Grant Application

Thank you for your interest in Greenwood Women Care's Women's Health Fund Grant.

Before submitting this application, please send a letter of intent to gwc@greenwoodcf.org, briefly summarizing the need to be addressed and describing the project you propose.

If you are invited to submit the full application, please save this form on your computer (as a PDF file), fill out all fields electronically, and save the completed form. Email the completed form with your organization's IRS letter for tax-exempt status and the annual budget for your organization to gwc@greenwoodcf.org. **Each document should be a separate attachment to the email.**

If you have questions about this application or our granting process, please contact Anne Craig (864.337.9650 or cannecraig@gmail.com), Kelly Addy (864.993.7457), or gwc@greenwoodcf.org)

1) Contact Information	
Organization	
Legal name:	
Street address:	
City, State ZIP:	
Mailing address (if different):	
City, State ZIP:	
Website	
Executive Director	
Name:	
Email Address:	
Phone:	
Person responsible for project implementation	
Name:	
Email Address:	
Phone:	
Board Chair	
Name:	
Email Address:	
Organization EIN (Fed Tax ID):	

2) Grant Amount Requested:

$ _____

3) Organization Overview

Provide a brief description of your organization, highlighting its work in women's health (limit – 1640 characters, with spaces).

4) Target Population

Describe the population to be served by this project (limit – 825 characters, with spaces)**.**

5) Need or Opportunity to be Addressed

Briefly describe the need or opportunity to be addressed by this project (limit – 1900 characters, with spaces).

6) Goals / Implementation Plan

Describe your goals and your plan for implementing the project (limit – 3000 characters, with spaces).

Projected start _____ Projected duration _____

7) Measurement of Success

Describe the methods you will use to measure the success of this project (limit – 1900 characters, with spaces).

8) Project Budget and Funding

Program or Project Expenses	Funds Requested	Total Expenses for the Project
Administrative expenses	$	$
Equipment	$	$
Fees (specify)	$	$
	$	$
Materials and/or supplies	$	$
Operating expenses	$	$
Publicity	$	$
Salaries or stipends (specify)	$	$
	$	$
	$	$
Services (specify)	$	$
	$	$
	$	$
Other (specify)	$	$
	$	$
	$	$
TOTALS	**$** 0	**$** 0

Project Funding	Committed (Funds that have been awarded or designated for this project)	Pending or Projected (Funds that have not yet been confirmed for this project)
GWC	$	$
Fundraising	$	$
In-kind support	$	$
Organizational budget	$	$
Organizational donors	$	$
Participation fees, if any	$	$
Other grantors (specify)	$	$
	$	$
	$	$
	$	$
Other (specify)	$	$
	$	$
TOTALS	**$** 0	**$** 0

9) Submission of Application

Please submit the following documents as separate attachments.
Email to gwc@greenwoodcf.org by 5 pm on March 15, 2021.

- ☐ This application form
- ☐ Annual budget for the organization
- ☐ Proof of IRS tax-exempt status (IRS letter)

10) Agreement and Signature

By submitting this application, I affirm that the facts set forth in it are true and complete.

Name: _____

Title: _____

Type name as signature: _____

Date _____

MM/DD/YYYY

Thank you for submitting your grant application.

Greenwood Women Care

An initiative of
Greenwood County Community Foundation
110 Phoenix Street
Greenwood, SC 29646
864.223.1524
gwc@greenwoodcf.org