



Women’s Health Grant Application

Thank you for your interest in Greenwood Women Care’s Women’s Health 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), Marilyn Murphy (864.543.4472 or mmurphy@wctel.net), 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	\$	\$

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	\$	\$



9) Submission of Application

Please submit the following documents as separate attachments. Email to gwc@greenwoodcf.org by 5 pm on March 15, 2023.

- 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