GWC 2023 Grant Application

Thank you for your interest in Greenwood Women Care's granting opportunity. For detailed instructions on the application process, and to confirm that your program or project is eligible for the grant, please review our guidelines at https://www.greenwoodcf.org/greenwood-women-care/grant-application-process/.

Please download this PDF file and save it on your computer or cloud drive with the file name *GWC Grant Application.pdf*. Complete the form by clicking each text field and typing. Save the completed form and attach the file to an email, along with electronic files for the required documents listed on page 7.

Send the email with all attachments to gwc@greenwoodcf.org between August 1 and August 31, 2023—by 5 pm on August 31 at the latest. Please leave enough time to correct any problems before this deadline.

If you have questions, please contact one of the Co-chairs of the GWC Grants Review and Awards Committee: Call or text Jan Puzar at 864-344-7842 or Debbie Coesens at 864-680-9099, or email Debbie at adcoesens@gmail.com.

1) Contact Information	
Organization	
Legal name:	
Street address:	
City, State ZIP:	
Mailing address (if different):	
City, State ZIP:	
Website	
Executive Director	
Name:	
Email address:	
Office phone:	
Cell phone:	
Program/Project Coordinator	
Name:	
Email address:	
Office phone:	
Cell phone:	
Board Chair	
Name:	
Organization EIN (Fed Tax ID):	

2) Grant Amount Requested:

$ _____ Maximum $10,000 (Minimum $1,000)

3) Organization Overview

3A. Please provide your organization's mission statement (limit – 600 characters, with spaces).

3B. Please give a brief history of your organization, including any particular successes (limit – 1000 characters, with spaces).

3C. Briefly describe the current services your organization provides (limit – 1000 characters, with spaces).

4) Background Need or Opportunity

Briefly describe the need or opportunity to be addressed by the program or project to be funded (limit – 1800 characters, with spaces).

5) Overview of Program or Project to be Funded

5A. Name of Program or Project _____

5B. Time Frame

  Projected start _____ Projected duration _____

5C. Description of Program or Project (limit – 5000 characters, with spaces).

6) Collaboration With Other Organizations

6A. What other organizations or programs in Greenwood County address this need or opportunity (limit – 400 characters, with spaces)?

6B. If applicable, explain how your organization will collaborate with these organizations (limit – 400 characters, with spaces).

6C. Explain what differentiates your program or project (limit – 400 characters, with spaces).

7) Projected Outcome

7A. Describe the projected outcome or impact of this program or project on the population served (limit – 2000 characters, with spaces).

7B. Describe the methods you will use to evaluate the outcome or impact of this program or project on the population served (limit – 2000 characters, with spaces).

8) Program/Project Expenses and Sources of Funding

8A. Indicate expenses for this program/project only.

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

8B. Indicate sources of funding for this program/project.

Program/Project Funding	Committed (Funds that have been awarded or designated for this program/project)	Pending or Projected (Funds that have not yet been confirmed for this program/project)
GWC ($1,000-$10,000)		$
Fundraising	$	$
In-kind support	$	$
Organizational budget	$	$
Organizational donors	$	$
Participation fees, if any	$	$
Other grantors (specify)		
	$	$
	$	$
	$	$
Other (specify)		
	$	$
TOTALS	**$**	**$**

8C. If your program or project can only be awarded partial funding from Greenwood Women Care, will it still move forward? Please explain (limit – 2000 characters, with spaces).

8D. If your proposal is for a recurring program or project, describe your plans for sustainable funding (limit – 3000 characters, with spaces).

9) Submission of Application

Please attach the following documents relating to your nonprofit organization as separate attachments to an email and send to gwc@greenwoodcf.org by 5 pm on August 31, 2023.

☐ Organizational budget

☐ Most recent financial statement

☐ Proof of IRS tax-exempt status

☐ Non-discrimination statement adopted by the Board of Directors

☐ Annual Report, if available

☐ List of Board of Directors and Officers with their affiliations

☐ Completed GWC grant application form

☐ GWC's verification checklist (download at
https://www.greenwoodcf.org/greenwood-women-care/grant-application-process)

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.

Please note that all organizations receiving Greenwood Women Care grants will be required to submit a written final report to GWC by December 16, 2024, and give an oral report on their completed project at a meeting of the GWC Membership.

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