



GWC 2024 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 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, 2024—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 email Debbie Coesens 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: | |
| 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 describe your organization and the services you provide. (limit – 1000 characters, with spaces)

4) Statement of Need

Please describe the need or issue this grant will address. Why is it important? Describe the population the project will serve. If possible, support your statements with data from an authoritative source; for example, <https://www.lakelandscounts.org/>. (limit – 2500 characters, with spaces)



5) Goals and Objectives

Describe the outcome you expect to achieve. Directly tie your goals to your statement of need. How will your project affect the population it will serve? How will it impact our community? (limit – 4000 characters, with spaces)



6) Project Description

6A. Name of Project _____

6B. Timing

This project has an expected fixed duration.

Projected start date _____ Projected duration _____

This is an ongoing project.

6C. Please describe the project. What activities will the funding from GWC support? Who will carry them out?
(limit – 4000 characters, with spaces)



7) Evaluation of Outcome

How will you measure your success? Describe the methods you will use to evaluate the impact of this project. (limit – 2500 characters, with spaces)

8) Collaboration With Other Organizations

8A. Do other organizations or programs in Greenwood County address this need or issue? If so, what differentiates your project? (limit – 600 characters, with spaces)

8B. If applicable, explain how your organization will collaborate with these organizations. (limit – 600 characters, with spaces)



9) Sustainability

9A. Greenwood Women Care may not be able to fund your full request. Will partial funding help your project move forward? If not, please note that this may affect whether you receive a grant from GWC. (limit – 1500 characters, with spaces)

9B. If your proposal is for a recurring project, describe your plans for sustainable funding. (limit – 2500 characters, with spaces)



10) Project Expenses and Sources of Funding

10A. Please estimate the total projected costs of the project: \$ _____

(Note that the total costs of the project may be greater than the amount you are requesting from GWC.)

If this is an ongoing project (see 6B), please estimate the annual cost: \$ _____/year

10B. If you receive a grant from Greenwood Women Care, please describe how you expect the funds to be used.

| Category | Details | Amount |
|---|---------|-----------|
| Administrative: | | \$ |
| Equipment: | | \$ |
| Fees: | | \$ |
| Materials/supplies: | | \$ |
| Operating expenses: | | \$ |
| Publicity/outreach: | | \$ |
| Salaries or stipends: | | \$ |
| Services: | | \$ |
| Other (specify): | | \$ |
| Total requested from GWC (not to exceed \$10,000): | | \$ |

10C. In addition to the funds requested from GWC, will other sources of funding be available for this project?

| Funding Source | Committed (Funds that have been awarded or already received for this project) | Projected (Funds applied for or expected but not yet confirmed) |
|---|--|--|
| Fundraising events or fundraising campaigns | \$ | \$ |
| Income from your organization's activities (sales, participation fees, etc.) | \$ | \$ |
| Donations/gifts | \$ | \$ |
| Grants from other organizations (specify) | | |
| | \$ | \$ |
| | \$ | \$ |
| Other (specify) | | |
| | \$ | \$ |
| TOTALS | \$ | \$ |



11) Submission of Application

Please attach the following documents relating to your nonprofit organization to an email as **separate attachments** (preferably PDF files) and send to gwc@greenwoodcf.org by 5 pm on August 31, 2024.

- Completed GWC grant application form
- Your organization’s budget (or department budget if part of a larger organization)
- 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 verification checklist
Download at <https://www.greenwoodcf.org/greenwood-women-care/grant-application-process>

12) 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

Please note that all organizations receiving 2024 GWC grants will be required to submit a written final report to GWC by December 1, 2025, and to participate in a brief video report on completed projects to be presented at a meeting of the GWC Membership.

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