



# GWC 2026 Grant Application

Thank you for your interest in Greenwood Women Care’s granting opportunity!

- To confirm that your proposal is eligible for a GWC Grant, please review our guidelines at <https://www.greenwoodcf.org/wp-content/uploads/2026/01/2026-Grant-Guidelines.pdf>.
- Detailed instructions on completing this form are available at <https://www.greenwoodcf.org/wp-content/uploads/2026/01/2026-Grant-Application-Instructions.pdf>
- Please download this PDF file and save it on your computer or cloud drive. Then complete the form by clicking inside each text field and typing. Do not copy the form until after you have answered the questions.
- Save the completed form with the file name *GWC Grant Application.pdf* and attach the file to an email, along with electronic files for the required documents listed on page 8. Send the email with all attachments to [gwc@greenwoodcf.org](mailto:gwc@greenwoodcf.org) between August 1 and August 31, 2026—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: Peggy Dewane-Pope (661.428.3480; [pdpinsc@gmail.com](mailto:pdpinsc@gmail.com)) or Debbie Coesens (864.680.9099; [adcoesens@gmail.com](mailto:adcoesens@gmail.com)).

## 1) Contact Information

Legal name of organization	
Street address	
City, State ZIP	
Mailing address (if different)	
City, State ZIP	
Website	
Name of Executive Director	
Email address:	
Office phone:	
Cell phone:	
Name of Program/Project Coordinator	
Email address:	
Office phone:	
Cell phone:	
Name of Board Chair	
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 program or 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 Description of the Program or Project

5A. Name of the Program or Project \_\_\_\_\_

5B. Timing

This program or project has an expected fixed duration.

Projected start date \_\_\_\_\_ Projected duration \_\_\_\_\_

This is an ongoing program.

5C. Please describe the program or project, including which activities the funding from GWC will support and who will carry them out. (Limit – 4000 characters, with spaces)



## 6) Goals and Objectives

Describe the outcome you expect to achieve. Directly tie your goals to your statement of need. How will your program or project affect the population it will serve? How will it impact our community? (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 program or 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 program or 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 program or project move forward? If not, please note that this may affect whether you receive a grant from GWC, since a GWC grant cannot always fund a request in full. (Limit – 1500 characters, with spaces)

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



**10) Expenses to be Funded by This Proposal**

10A. Please estimate the total projected costs of the program or project. \$ \_\_\_\_\_  
 (Note that the total costs of the program or project may be greater than the amount you are requesting from GWC. If this is an ongoing program or project, please give the estimated annual costs.)

10B. Please describe how you expect the funds you are requesting from GWC to be spent.

Item description	Amount requested from GWC
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
<b>Total requested from GWC (not to exceed \$10,000):</b>	\$

10C. Please provide a list of all other funds your organization has applied for or that have been secured (committed or received) for this program or project (i.e., funds other than those requested from GWC). If you are not pursuing other funding, enter N/A under Funding Source.

Funding Source	Amount	Status
	\$	<input type="checkbox"/> Applied for <input type="checkbox"/> Secured
	\$	<input type="checkbox"/> Applied for <input type="checkbox"/> Secured
	\$	<input type="checkbox"/> Applied for <input type="checkbox"/> Secured
	\$	<input type="checkbox"/> Applied for <input type="checkbox"/> Secured
	\$	<input type="checkbox"/> Applied for <input type="checkbox"/> Secured
	\$	<input type="checkbox"/> Applied for <input type="checkbox"/> Secured
<b>Total other funding</b>	\$	



### 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](mailto:gwc@greenwoodcf.org) by 5 pm on August 31, 2026. Please leave enough time to correct any problems before this deadline.

- 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 2026 GWC grants will be required to participate in a brief video report on funded proposals to be presented at the August 2027 meeting of the GWC Membership and to submit a written final report to GWC by December 1, 2027.

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](mailto:gwc@greenwoodcf.org)