



*Southlake Women's Club*

**SOUTHLAKE WOMEN'S CLUB FOUNDATION, INC.**  
**GRANT REQUEST APPLICATION**  
**P.O. Box 92611 Southlake, TX 76092**  
**[funding@southlakewomensclub.org](mailto:funding@southlakewomensclub.org)**

### **Grant Request Application Guidelines**

- All grant request applications must be submitted either online or postmarked by 11:59 p.m. January 15, 2017. No faxes or hand deliveries please.
- Submissions should only include what is requested. No extra information is allowed, such as notebooks, tapes, brochures, etc...
- All non-electronic requests should be typewritten.
- Applicant/Agency must be a registered 501(c)(3).
- Funding must service cities in Northeast Tarrant County.
- Funding priorities: Children, Women and Families.
- Requests will not be considered that fund job positions, salaries, fundraisers, administrative or office expenses, volunteer or employee recognition trips, award ceremonies, or marketing materials.
- Applicant must provide, either via electronic attachment or printed document, a copy of IRS Charitable Exemption letter.
- Applicant must provide, either via electronic attachment or printed document, a copy of the first page of the most recent 990 tax form.
- Applicant must provide, either via electronic attachment or printed document, copies of 2014, 2015, and proposed 2016 budgets. We advise that you create a single PDF document containing all required budgets. This accelerates the application and review process.
- Applicant must provide a list of board members and their contact information, including phone numbers and email addresses.
- If application is submitted online, all necessary documents must be attached with application for online submission, where indicated in the form.
- If application is submitted via standard mail, all necessary documents must be included with application. We recommend applicants use certified mail addressed to: ATTN: Funding Chair, Southlake Women's Club Foundation, Inc., P.O. Box 92611, Southlake, TX 76092.
- Those selected as beneficiaries will be asked to provide volunteers for 2017 Art in the Square.

## **Applicant/Agency Information**

- A. Agency Name:** \_\_\_\_\_
- B. Agency EIN (Employer Identification Number):**  
\_\_\_\_\_
- C. Address:** \_\_\_\_\_
- D. Website:** \_\_\_\_\_
- E. Telephone:** \_\_\_\_\_
- F. Fax:** \_\_\_\_\_
- G. E-Mail:** \_\_\_\_\_
- H. Contact Person:** \_\_\_\_\_ **Title:** \_\_\_\_\_
- I. Contact Person Phone No.** \_\_\_\_\_
- J. Agency Mission Statement (write here or attach document):**

## **Agency Budget**

- I. Total agency budget for 2016: \$** \_\_\_\_\_
- J. Attach agency budgets (projected budget for 2017, plus budgets for 2016 and 2015)**
- K. What percent of monies of the total agency budget are received from the following resources?**

\_\_\_\_\_ Federal \_\_\_\_\_ State \_\_\_\_\_ Local Government  
\_\_\_\_\_ Private \_\_\_\_\_ United Way \_\_\_\_\_ Special Events  
\_\_\_\_\_ Other ( Specify)

## Grant Request History

*L. Have you received funding from SWCF in the last 3 years?*

1. 2014: Yes \_\_\_ No \_\_\_ Amount \$ \_\_\_\_\_
2. 2015: Yes \_\_\_ No \_\_\_ Amount \$ \_\_\_\_\_
3. 2016: Yes \_\_\_ No \_\_\_ Amount \$ \_\_\_\_\_

*LI. If yes, you MUST indicate the following:*

1. How was the most recent grant used?
  
2. How many clients were served? Please indicate the approximate number of clients that were served in each Northeast Tarrant County city, for your most recent grant.

Bedford \_\_\_\_\_ Colleyville \_\_\_\_\_ Euless \_\_\_\_\_

Grapevine \_\_\_\_\_ Haltom City \_\_\_\_\_ Hurst \_\_\_\_\_

Keller \_\_\_\_\_ North Richland Hills \_\_\_\_\_

Richland Hills \_\_\_\_\_ Southlake \_\_\_\_\_

Trophy Club \_\_\_\_\_ Watauga \_\_\_\_\_

Other (please indicate which city or cities) \_\_\_\_\_

## Project Details

3. **Project Mission Statement of Requested Funds (2-3 sentences)**

4. **Summary of Request (What specifically will the money be used for? Please limit your response to 250 words or less.)**

## Project Budget

*N. Total project cost of project \$ \_\_\_\_\_*

*O. Total SWCF funds requested for this project \$*

*P. Attach project budgets (projected budget for 2017, plus budgets for 2016 and 2015)*

*Q. What other sources are you approaching for this funding?*

## Client Information

*R. How many clients will be served by this project?*

*S. What geographical areas will primarily be served by this project?*

*T. How will this project touch the Northeast Tarrant County Area? How many people will be affected in Northeast Tarrant County through this project/program? In which specific Northeast Tarrant County cities?*

## **Needs Assessment**

*V. What specific community (children/family) needs will the project address?*

***W. How will the project address these needs?***

## **Evaluation**

***X. What criteria have been established to evaluate the success of this project/ program?***

***Y. Who will have the responsibility for evaluating whether these criteria have been met and at what point?***

## **Public Relations**

***What direct publicity will be provided that recognizes the Southlake Women's Club Foundation as the provider of this charitable donation?***



Please print applicant's name : \_\_\_\_\_

**DO NOT FORGET TO INCLUDE ALL REQUIRED DOCUMENTATION:**

- IRS Charitable Exemption Letter
- First page of most recent 990 tax form
- Copies of your 2015, 2016, and proposed 2017 agency & project budgets
- List of all board members, including contact information

*Revised 11/14/2016*