

CULLASAJA WOMEN'S OUTREACH  
2018 Grant Application for Funding

**Applications must be received by July 31, 2018**

**INSTRUCTIONS:** All non-profit organizations (501-C-3) applying for funds from Cullasaja Women's Outreach (CWO) should operate in the Highlands-Cashiers area. Managers need to complete each section of this 4-page application, answering the questions in the space provided. Also, please provide information requested in the following four (4) attachments. Please use a computer font size of 11 or 12. **FILING:** Complete your grant application online to be returned to the CWO Grant Committee at [grants@cullasajawomensoutreach.org](mailto:grants@cullasajawomensoutreach.org). No mailed hand-written applications will be considered.

**ATTACHMENTS:**

1. **Organization's budget for the current fiscal year.**
2. **Statement of income and expenses for prior two (2) fiscal years. (If previous year's application included prior year, please note.) as well as prior year and current period's Balance Sheets.**
3. **Composition of Board of Directors on pages 3 and 4.**
4. If there are any volunteers from Cullasaja Club of Highlands currently serving in your organization, please tell us who they are and what volunteer service they are providing.
5. **ADDITIONAL OPTIONAL ATTACHMENT:** If your funding proposal is a **collaborative proposal** developed with another local organization, please attach a letter of agreement signed by persons with fiscal responsibility for each collaborating agency.

**I. TELL US ABOUT YOUR ORGANIZATION:**

Legal Name of Organization: \_\_\_\_\_

Mailing address: \_\_\_\_\_

Physical address: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_ Website: \_\_\_\_\_

CEO or Executive Director: \_\_\_\_\_

Application Contact & Title (if not the CEO): \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Year of Most Recently Completed Audit: \_\_\_\_\_ OR  Year of Most Recently Completed Financial Review: \_\_\_\_\_  
(If annual gross income is greater than \$250,000) (If annual gross income is less than \$250,000)

Year of Most Recent 990: \_\_\_\_\_

Year incorporated or received 501 (c)(3) status: \_\_\_\_\_

Tax Exemption Status:  
 501 (c)(3) Employer ID Number \_\_\_\_\_ OR  Other \_\_\_\_\_ (describe)

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Describe the mission of your organization?

What services does your organization provide and who receives these services?

What are your organization's goals and objectives for 2018?

Does your organization maintain an operating reserve?  yes  no  
If "yes", for how many months could this reserve sustain the organization? \_\_\_\_\_ months.

How many Board members have made a personal financial contribution to the organization in the past 12 months? \_\_\_\_\_ number \_\_\_\_\_ percentage (%) of total board members.

How many times per year does the Board meet? \_\_\_\_\_ What percentage (%) of Board meetings have a quorum of members in the past 12 months? \_\_\_\_\_ %

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Are there Board term limits?  yes  no If "yes", what are they? \_\_\_\_\_

**II. TYPE OF GRANT REQUEST: (please check)**

- General Operating Support
- Program or Project Funding \_\_\_\_\_
- Organizational Development
- Capital Project (CWO does not fund Capital Campaigns.)
- Other (describe): \_\_\_\_\_

Amount requested: \$ \_\_\_\_\_

A. If the requested funds are for **General Operating Support**, please tell us how many people you expect to serve in 2018 with these funds, and how many of those individuals live in the Highlands or Cashiers area. Also please tell us what services you will be providing with the funds.  
\_\_\_\_\_

B. If the requested funds are for a **Program or Project, Organizational Development, or a Capital Project**, please tell us how you wish to spend the funds. Give us a brief summary of your project and the need for this program/project. What results (outcomes) are you committed to achieving in 2018, and for how many persons? What strategy will you use to achieve the results, and how will you know when success has been achieved? **If you are collaborating with another local organization**, please tell us how the two organizations will be collaborating. (Please attach a sheet.)

**III. I certify that the information included in this application is correct.**

Name of authorizing official: \_\_\_\_\_ Title: \_\_\_\_\_

Date: \_\_\_\_\_ By \_\_\_\_\_

**ATTACHMENT #3: Composition of Board of Directors (with example)**

Name of organization (specify): \_\_\_\_\_

Name of Board Member	Office and/or Committee	Term of Service	Professional and/or Community Affiliation

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**The 2018 Cullasaja Women's Outreach Committee**

Our goal is to serve our community with volunteers from the Cullasaja Club of Highlands community. In order to facilitate this volunteer grant-making process in as efficient and effective manner as possible, we ask that all inquiries be made to our email address:

[grants@cullasajawomensoutreach.org](mailto:grants@cullasajawomensoutreach.org).

Please use our physical address only as a last resort for communication.

That address is:

Cullasaja Women's Outreach 1371 Cullasaja Club Drive, #291 Highlands, NC 28741  
Fax: 828-526-3560