

CULLASAJA WOMEN'S OUTREACH
2019 Grant Application for Funding

Applications must be received by July 31, 2019

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. 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 2019?

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 2019 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 2019, 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 2019 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.

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