



We welcome all non-profit organizations having 501-C-3 status and primarily operating in the Highlands/Cashiers area to apply for an annual monetary grant from Cullasaja Women's Outreach (CWO) to assist your organization's efforts during the remainder of this year and the first of the upcoming year.

We require applicants to submit all of the application's requested supporting documents; submitting incomplete applications will delay, and possibly void, your being considered for funding. Our application has been constructed so that a question's response space will expand as necessary as you enter information. However, you may submit detailed, lengthy responses in a separate document, provided you indicate the related question you are answering. The following recommendations will be very helpful to our CWO volunteers to effectively operate this outreach:

- If at all possible, send your supporting information in a pdf form.
- Each document should include your full organizational name, not just its initials. Identify each supporting document by its year, and the type of document (budget, balance sheet, for the period ending, etc.).
- Do not send any information as a picture, i.e. something taken with your phone and uploaded with the application.
- If you, as the applicant, are asking your accountant to independently supply the CWO with financial information, instruct the sender not to put this information in a "protected format" which prevents its being opened and attached to your application.
- Use a computer font size of 11 or 12.

FILING: Once your grant application is completed, return it to the CWO Grant Committee at grants@cullasajawomensoutreach.org. No mailed or hand-written applications will be considered.

CULLASAJA WOMEN'S OUTREACH
2020 Grant Application for Funding

Applications must be received by July 31, 2020

The Cullasaja Women's Outreach accepts Grant Requests from non-profit organizations (501©3) who operate in and serve the Highlands-Cashiers area.

APPLICATION DIRECTIONS: Please complete each section of this application, using this application form. Additional pages are accepted, if needed. Please include all attachments as requested below. Please send your completed application to the CWO Grant Committee at grants@cullasajawomensoutreach.org. No mailed or hand-written applications will be accepted. Please note only one grant request per organization. Applications that are incomplete will not be considered.

The following attachments are required:

1. Organization's budget for the current fiscal year.
2. Statement of income and expenses for prior two (2) fiscal years.
3. Prior year and current period Balance Sheet.
4. Board of Directors list with composition.
5. List of Cullasaja Club members who are volunteers with your organization and their duties.
6. **OPTIONAL ATTACHMENT:** If your funding request 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. 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 filed 990: _____

Year incorporated: _____

Tax Exemption Status:
 501 (c)(3) Employer ID Number _____ Date achieved status _____

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Describe the mission of your organization?

What services does your organization provide?

Who receives these services?

What are your organization's goals and objectives for 2020?

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 contributing last 12 mons.

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

Are there Board term limits? yes no If "yes", please describe: _____

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II. YOUR GRANT REQUEST: (please check)

- General Operating Support
- Program or Project Funding (name of project/program: _____)
- Organizational Development
- Capital Project (CWO does not fund Capital Campaigns.)
- Other (please describe): _____

Amount requested: \$ _____

A. If the requested funds are for **General Operating Support**, please tell us how many people you expect to serve in 2020 with these funds, and how many of those individuals live in the Highlands or Cashiers area. Please tell us what services you will provide with these funds.

B. If **Program or Project, Organizational Development**, or a **Capital Project**, please include in your narrative the following: 1) a complete description of the project or program; 2) the justification and/or underlying need for the program or project; 3) who and how many will benefit from this project; 4) how will you measure the success of the grant dollars deployed? **If this is a collaboration with another local organization**, please explain the collaboration.

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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