

CULLASAJA WOMEN'S OUTREACH
Grant Application for Funding

Applications must be received, at our email , by July 31, 2021

The Cullasaja Women's Outreach accepts Grant Requests from non-profit organizations (501©3) which operate in and serve the Highlands-Cashiers area. The CWO scope of support does not include requests for: political or capital campaigns, operations as a part of religious organizations, or services primarily for non-residents of the Plateau, among other matters determined by its Grant Committee.

APPLICATION DIRECTIONS: Please complete each section of this application, using this application form. If any field is insufficient to hold your comments, please continue these comments in a MS Word document and attach. Please also include all attachments 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, compared to actual results, for the most recent fiscal year and the first half of this calendar year.
2. Statement of income and expenses for prior two (2) fiscal years and the most recent interim.
3. Prior year and current period Balance Sheet.
4. Board of Directors list with composition, length of service and experience.
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: _____

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Tax Exemption Status:

501 (c)(3) Employer ID Number _____ Date achieved status _____

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 2021?

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 2021 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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