

**CULLASAJA WOMEN'S OUTREACH**  
**Grant Application for Funding**

**Applications must be received electronically by July 31, without exception!**

**INSTRUCTIONS:** All non-profit organizations (501-C-3) applying for funds from Cullasaja Women's Outreach (CWO) must operate primarily in the Highlands-Cashiers area. Managers need to complete each section of this application and provided the **Required Attachments** listed below. **If a question cannot be answered in the space provided, provide the information in a separate addendum (in Microsoft Word or PDF format) clearly indicating the question being answered.** . Please use a computer font size of 11 or 12 pts.

**FILING:** Complete the downloaded application on your laptop. Save it and return it to the Grant Committee at [grants@cullasajawomensoutreach.org](mailto:grants@cullasajawomensoutreach.org). No mailed or hand-written applications will be considered.

**REQUIRED ATTACHMENTS (Preferably in PDF format and labeled: NO Jpeg's please):**

1. Budget for the current fiscal year and a comparison of budget vs. actual through June.
2. Statement of income and expenses for prior two (2) fiscal years.
3. Balance Sheets for the previous fiscal year-end and as of June 30.
4. List Board of Directors on page 4 with their terms served and background information.
5. Tell us about any Cullasaja Club of Highlands volunteers currently serving in your organization.
6. Collaborative Funding Proposal Attachment: If your funding proposal was developed with another local entity, attach a letter of agreement signed by responsible persons from collaborating agencies.

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

Legal Name of Org.: \_\_\_\_\_

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

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

Phone: \_\_\_\_\_ Website: \_\_\_\_\_

CEO or Exec. Director: \_\_\_\_\_

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

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

Year- Most Recent Completed Audit: \_\_\_\_\_ (If annual gross income is greater than \$250,000) **OR**

Year- Most Recent Completed Financial Review: \_\_\_\_\_ (If annual gross income is less than \$250,000)

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

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

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

Describe the mission of your organization? Does your organization have a strategy plan?

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

**What are your organization's goals and objectives for this current fiscal year and are there any changes from prior years?**

**Does your organization maintain an operating reserve?    Yes    No**

**If "yes", for how many months could this reserve sustain the organization? \_\_\_\_\_ months.**

**Describe the organization's fundraising or capital campaign efforts and the achievements of these fundraisers.**

**How many Board members made a personal financial contribution in the past 12 months? \_\_\_\_\_ number & \_\_\_\_\_ percentage (%) of total board members. If the organization is not supported financially 100% by its board, did other ways the board members support the organization?**

**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** \_\_\_\_\_

**Capital Project (NO funding Capital or Political Campaigns. Our preference is first two listed.)**

**Amount requested this fiscal year:**   \$ \_\_\_\_\_

**If previous grant recipient, last grant awarded by CWO?** \$ \_\_\_\_\_

**A.** If the requested funds are for General Operating Support, tell us how many people you expect to serve in current fiscal year with these funds, and the percentage of those individuals living in the Highlands or Cashiers areas. Also, tell us what services you will be providing with the funds.

**B.** If the requested funds are for a **Program or Project**, or a **Capital Project**, how do you plan 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 the current period, 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, how will the two organizations be collaborating.

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

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

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

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**IV: Composition of Board of Directors**

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

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

**The Cullasaja Women's Outreach Committee**

Our goal is to serve our community with volunteers from the Cullasaja Club of Highlands community by giving of our time, treasury and talents. 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). We will notify you of our receiving your application.

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*(Sample Addendum)*

**Addendum 1**

**Mission of Organization**