

SOUTHLAKE WOMEN'S CLUB FOUNDATION, INC.
GRANT REQUEST APPLICATION
P . O . B o x 9 2 6 1 1
S o u t h l a k e , T X 7 6 0 9 2
8 1 7 - 4 2 1 - 6 S W C
artinthesquare@verizon.net

I. Applicant/Agency Information

Agency Name: _____
Address: _____
Telephone: _____
Fax: _____ **E-Mail:** _____
Contact Person: _____ **Title:** _____
Contact Person Phone No.: _____

Please complete the following as completely as possible:

1. Agency Mission Statement

2. Project Mission Statement of Requested Funds

3. Summary of Request (What specifically will the money be used for?)

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4. Agency Budget

- a. Total agency budget for current year \$ _____
- b. What percent of monies for the total agency budget are received from the following resources?
- _____ Federal _____ State _____ Local Government
_____ Private _____ United Way _____ Special Events
_____ Other (Specify)

5. Project Budget

- a. Total project cost of project \$ _____
- b. Total SWCF funds requested for this project \$ _____
- c. Attach project budget

6. Grant Request History

Has a request for funding been submitted within the last 3 years to SWCF?

2009 Yes _____ No _____ Amount \$ _____

2008 Yes _____ No _____ Amount \$ _____

2007 Yes _____ No _____ Amount \$ _____

7. Needs Assessment

- a. What specific community (children/family) needs will the project address?

- b. How will the project address these needs?

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11. Funding Requests

a. What other sources are you approaching for this funding?

Applicant's Signature

Phone Number

Date

Title

Address

Please print applicant's name : _____

Revised 8/2009