

The Westport Woman's Club, Inc.

44 Imperial Avenue, Westport, CT 06880

Phone: (203) 227-4240

Fax: (203) 227-0367

Email: WestportWomansClub@sbcglobal.net

Website: www.WestportWomansClub.org

WESTPORT WOMAN'S CLUB GRANT APPLICATION

NAME OF ORGANIZATION/AGENCY _____

ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

CONTACT PERSON _____

TITLE _____

PHONE _____ FAX _____

EMAIL _____ WEBSITE _____

MISSION OF ORGANIZATION/AGENCY _____

YEAR STARTED _____ 501(c)3 ORGANIZATION? _____ YES _____ NO

SOURCES OF INCOME _____

COMMUNITIES SERVED _____

PROFILE OF CLIENT _____

NUMBER OF CLIENTS SERVED DURING MONTH _____ DURING YEAR _____

COPY OF ANNUAL BUDGET ENCLOSED _____ YES _____ NO

COPY OF RECENT NEWSLETTER ENCLOSED _____ YES _____ NO

AMOUNT OF GRANT REQUEST \$ _____

DESCRIBE IN DETAIL THE PURPOSE OF THE GRANT (BE VERY SPECIFIC; USE A SEPARATE SHEET IF NECESSARY)

a) WHO WILL BENEFIT? _____

b) DESCRIBE WHAT PROGRAM GRANT WILL BE USED FOR? _____

c) IS THIS AN GOING PROGRAM OR ONLY FOR THE CURRENT YEAR? _____

d) WHAT PART OF YEAR DOES PROGRAM OPERATE? _____

e) WHAT IS THE TOTAL BUDGET OF THE PROGRAM? _____

f) WHEN WILL THE GRANT BE USED? _____

g) WHEN (BY WHAT DATE) DOES THE GRANT NEED TO BE RECEIVED FOR PROGRAM TO OPERATE? _____

PLEASE ATTACH ANY ADDITIONAL INFORMATION WHICH WOULD BE HELPFUL IN DESCRIBING YOUR ORGANIZATION/AGENCY AND ITS PROGRAM(S)

(Please mail your completed application to The Westport Woman's Club, 44 Imperial Avenue, Westport, CT 06880)

SUBMITTED BY: _____

(NAME)

(TITLE)

PHONE _____ EMAIL _____

DATE SUBMITTED _____