

The Westport Woman's Club, Inc.

44 Imperial Avenue, Westport, CT 06880

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WESTPORT WOMAN'S CLUB 2014 GRANT APPLICATION

NAME OF ORGANIZATION/AGENCY

ADDRESS

CITY

STATE

ZIP CODE

CONTACTPERSON

TITLE

PHONE

FAX

EMAIL

WEBSITE

MISSION OF

ORGANIZATION/AGENCY

YEAR STARTED

501(c) 3 ORGANIZATION?

YES

NO

TAX I.D.

DO YOU HAVE A WEBSITE?

YES

NO

IF YES, PLEASE ENTER YOUR WEBSITE URL

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

PLEASE CHECK WHERE APPROPRIATE:

AMOUNT OF GRANT REQUEST

\$

USE OF LANDMARK CLUBHOUSE

PARTNERING ON AN EVENT WITH WWC

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

WHO WILL
BENEFIT? _____

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

WHAT PART OF YEAR DOES PROGRAM
OPERATE? _____

WHAT IS THE TOTAL BUDGET OF THE
PROGRAM? _____

WHEN WILL THE GRANT BE
USED? _____

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 _____

Rev. 9/14