

*The Westport Woman's Club, Inc.*  
44 Imperial Avenue, Westport, CT 06880  
Phone: (203) 227-4240 Fax: (203) 227-0367  
Email: [WestportWomansClub@sbcglobal.net](mailto:WestportWomansClub@sbcglobal.net)  
Website: [www.WestportWomansClub.org](http://www.WestportWomansClub.org)

WESTPORT WOMAN'S CLUB 2015 GRANT APPLICATION

In order for your grant application to be considered a copy of your 501(C) 3 certificate and your agency's current annual report must accompany this application. Organizations receiving a grant are expected to list the Westport Woman's Club as a sponsor or donor. Grants are evaluated year by year, case by case. Past recipients of Westport Woman's Club grants should not assume that future grants are guaranteed.

NAME OF ORGANIZATION/AGENCY \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_

STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

CONTACT PERSON \_\_\_\_\_

TITLE \_\_\_\_\_

PHONE \_\_\_\_\_ FAX \_\_\_\_\_

EMAIL \_\_\_\_\_ WEBSITE \_\_\_\_\_

MISSION OF ORGANIZATION/AGENCY \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

SOURCES OF INCOME \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

COPY OF 501 (c) 3 CERTIFICATE \_\_\_\_\_ YES

COPY OF ANNUAL REPORT ENCLOSED \_\_\_\_\_ YES

COPY OF RECENT NEWSLETTER ENCLOSED \_\_\_\_\_ YES

There will be three forms of Grants, Please check which you are applying for:

\_\_\_\_AMOUNT OF GRANT REQUEST \$ \_\_\_\_\_

\_\_\_\_USE OF BEDFORD HALL FOR: \_\_\_\_\_DATE and TIME: \_\_\_\_\_

\_\_\_\_PARTNERING WITH WWC in assistance with Fundraising. \_\_\_\_\_

DESCRIBE IN DETAIL a) THE PURPOSE FOR WHICH THE GRANT WILL BE USED and b) WHO WILL BENEFIT. BE VERY SPECIFIC; USE A SEPARATE SHEET IF NECESSARY.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

WHAT IS THE TOTAL BUDGET OF THE PROGRAM? \_\_\_\_\_

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 \_\_\_\_\_