



**CWC's Mission**  
is to enhance the  
community through  
education, charitable  
fundraising, volunteer  
service and other  
membership activities.

**Colleyville Woman's Club (CWC)**, is a dedicated group of more than 200 members of a tax-exempt 501(c)(3) organization with no paid staff. Each year, an Allocation & Grants committee is formed from members willing to commit at least two days to frank discussions and analyses of submitted grant applications. The committee is governed by strict rules regarding conflicts of interest and required preparation.

The Committee is composed of interested CWC members who review and study each grant application and vote on those requests presented to the Committee. They present a final recommendation to the CWC officers for approval in February for the annual spring grant presentations and as requested for other requests. Committee members must be impartial and fairly consider each request. They may not lobby for a particular grant applicant with whom they are affiliated. Members who serve on a Board of Directors for an applying agency, or who serve on a Board of Directors of a support auxiliary of an applying agency, or who are paid employees of an applying agency may not vote on matters regarding said agency. They may be asked to leave the Committee room during discussions of that agency.

## APPLICATION FORMAT

This form is set up as a PDF fill-in form. The first place you insert the **Applicant Name** is on the checklist on the next page, then it should automatically show up on subsequent pages. The form fields show up as shaded areas, but are unlimited in text input length. If your response in any field requires more space than is visible, indicate "CONTINUED" and attach a separate page at the end of the form. Be sure to number your continued sections to correspond with the form. You must use the pre-formatted financial information forms, where subtotals and totals will automatically calculate. All dollar amounts throughout the grant form are whole dollars only (no cents).

We encourage you to submit an electronic copy **IN ADDITION TO THE HARD COPY** so we can catalog all responses.

**YOUR HARD COPY IS YOUR OFFICIAL APPLICATION  
AND MUST BE RECEIVED BEFORE THE DEADLINE!**

## APPLICATION CONTENTS

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**PART I. APPLICATION REQUIREMENTS**

1.	Complete all sections of the application. Final application may be computer generated, typed or handprinted in block letters. NO facsimile, email, disk or handwritten applications are acceptable. Applicants may obtain the Grant Application on disk, but final submission must be hard copy.
2.	Applications must be complete, must contain two signatures, and <b>MUST</b> contain the following: <ul style="list-style-type: none"> <li>• A copy of your IRS Charitable Exemption Letter</li> <li>• A copy of your most recent Form 990 tax return</li> <li>• Three-year financial reports using CWC' s form for your ORGANIZATION and, if applicable, also your PROGRAM / PROJECT</li> <li>• A list of your current Board of Directors</li> <li>• Signed and completed checklist</li> </ul>
3.	Completed applications must be submitted by RECEIPTED MAIL to the address below, and <b>must be postmarked on or before December 31</b> of the current year to qualify for consideration. <b>Incomplete applications will not be considered.</b> Applicants <u>must</u> retain a return receipt as proof of submission.  <p style="text-align: center;"><b>Colleyville Woman's Club Attention: Allocation &amp; Grants P.O. Box 181 Colleyville, TX 76034-0181</b></p>
4.	Applicants will be notified in writing on the status of their grant requests by April 1. Grant recipients will be invited to personally receive their g grants at the annual CWC Caring With Commitment Celebration, usually held in May. Detailed information on this event will be contained in the grant award letter.
5.	If you received a grant last year, a Grant Report Form was included with your grant check. This form asks how grant monies were used and the status of remaining funds, if any. <b>This form must be completed and included with this application.</b> Failure to submit this report will render this application incomplete and will impact consideration of future grant requests.
6.	Please include with this application any graphics, logos or photos pertinent to your organization to be used by CWC for presentation and publicity if you receive a grant. These items should be in high resolution digital files with at least 300 dpi, submitted on CD or DVD.
7.	Each year, it is the responsibility of applying agencies to ensure that their grant application form is current and to inform themselves of any changes to CWC grant policies. Information regarding the Allocations and Grants Program and the current grant application form are available annually after October 15 on the CWC website at <a href="http://c-w-c.org">c-w-c.org</a> . CWC assumes no responsibility for disqualification of an application due to noncompliance with its current application policies. Please address any questions or concerns about the application process to:  <p style="text-align: center;"><b>A&amp;G Chair Email: <a href="mailto:grants@c-w-c.org">grants@c-w-c.org</a></b></p>

**Part II. APPLICATION CHECKLIST**

A1. Applicant Name

**Your completed application must contain the following information, INCLUDING this returned checklist.**

<input type="checkbox"/>	Checklist (MUST be returned) includes signature(s) of individual(s) who complete the checklist and application.
<input type="checkbox"/>	Completed Circle of Hope Grant Application (ONLY CURRENT YEAR FORM ACCEPTED) <ul style="list-style-type: none"> <li>• Fit on standard 8 1/2 by 11 inch white paper</li> <li>• Type or block print</li> <li>• One-sided copies only</li> <li>• No staples - please</li> </ul>
<input type="checkbox"/>	Two (2) signatures on the form itself, as well as accompanying contact information, as required on Page 10
<input type="checkbox"/>	IRS Charitable Exemption Letter
<input type="checkbox"/>	Most recent Form 990 tax return
<input type="checkbox"/>	Explanation of EXCEPTIONS to application, if applicable
<input type="checkbox"/>	List of current year Board of Directors
<input type="checkbox"/>	IF RECEIVED CWC GRANT LAST YEAR – Grant Report Form

**PREPARER INFORMATION**

Name	Title
Preferred Phone	
Email	
Signature	Date Submitted

<b>Part III. GRANT INFORMATION</b>			
A1. Applicant Name			
<b>B. PRIMARY CONTACT</b>			
B1. Name		B2. Title	
B3. Address		B5. State	Zip Code
B4. City		B6. Phone	
B7. Email			
B8. Fax or other phone			
<b>C. GRANT TO BE FUNDED</b>			
C1. Title		C2. Amount requested \$	
C3. Brief description of intended use of funds			
C4. When will funds be used? <input type="checkbox"/> Current Year <input type="checkbox"/> Next Year Other timeframe			
C5. Current Fiscal Year	Begins		Ends
C6. Select best category to describe requested grant (select only ONE): <ul style="list-style-type: none"> <li><input type="checkbox"/> Civic</li> <li><input type="checkbox"/> Cultural Arts</li> <li><input type="checkbox"/> Domestic Violence – Violence</li> <li><input type="checkbox"/> Education - Literacy</li> <li><input type="checkbox"/> Health (Mental – Physical) &amp; Safety</li> <li><input type="checkbox"/> Welfare – Social Services</li> </ul>		C7. If this grant is for a specific project, what other revenue or in-kind sources have been or will be approached to fund this project?	
C8. Specifically, how will the funds be used?			

**Part III. GRANT INFORMATION, continued**

A1. Applicant Name

**D. GRANTS RECEIVED FROM CWC IN PAST FIVE YEARS**

D1. Most recent	Year	Amount	\$
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D2. Prior year #1	Year	Amount	\$
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D3. Prior year #2	Year	Amount	\$
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D4. Prior year #3	Year	Amount	\$
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D5. Prior year #4	Year	Amount	\$
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D6. How were the most recently granted funds used?

**PART IV. ORGANIZATION INFORMATION**

E1. State your organization's mission.

E2. Explain the broad objectives of your organization.

E3. What services do you provide?

E4. What geographical area (s) do you serve?

**Part IV. ORGANIZATION INFORMATION, continued**

A1. Applicant Name

E5. How many people receive your services annually?

E6. How are your clients selected or referred?

E7. How long has your organization been operational?

E8. What are your current goals?

E9. What success has your organization had achieving these goals?

E10. Does your organization use volunteers? If YES, describe below.  NO

# Volunteers annually                      # Volunteer hours donated annually

Describe.

**Part IV. ORGANIZATION INFORMATION, continued**

A1. Applicant Name

E11. Provide additional information pertinent to your application, including any EXCEPTIONS. Use additional sheets as needed. Reference the Item # as applicable.

**F. FUNDING INFORMATION**

F1. Number of Current paid staff		F2. What are your Campaign/Fundraising Costs as a % of your Total Budgeted Expenses?		F5. Explain any foreign activities or accounts.
Full time employees		Prior Fiscal Year	%	
Part time employees		Current Fiscal Year	%	
Contract employees		Projected Next Year	%	F3. Website

F4. Did your receive funds from any of the following LAST YEAR?

	NO	YES	AMOUNT	% OF BUDGETED EXPENSES
United Way	<input type="checkbox"/>	<input type="checkbox"/>	\$	%
Government	<input type="checkbox"/>	<input type="checkbox"/>	\$	%
Corporate grants	<input type="checkbox"/>	<input type="checkbox"/>	\$	%
Grants	<input type="checkbox"/>	<input type="checkbox"/>	\$	%
Private foundations, auxiliaries, etc	<input type="checkbox"/>	<input type="checkbox"/>	\$	%
Other (specify)	<input type="checkbox"/>	<input type="checkbox"/>	\$	%

**G. BOARD OF DIRECTORS**

	NO	YES	Number / Amounts / Explain
G1. Do you have an active Board?	<input type="checkbox"/>	<input type="checkbox"/>	
G2. Are any board members paid for their service?	<input type="checkbox"/>	<input type="checkbox"/>	
G3. Are board members reimbursed for their expenses?	<input type="checkbox"/>	<input type="checkbox"/>	

**Part V. FINANCIAL INFORMATION**

A1. Applicant Name

**ORGANIZATION  
THREE – YEAR FINANCIAL REPORT**

*USE LEADING MINUS SIGN TO INDICATE A LOSS  
INDICATE WHICH YEAR AT THE TOP OF EACH COLUMN*

* Project through the close of current year	FY Previous Fiscal Year Actual	FY Current Fiscal Year Projected *	FY Next Fiscal Year Proposed Budget
<b>REVENUES</b>			
Grants / Donations / United Way / Govt			
Fundraising			
Interest income			
New borrowings			
Other revenue			
<b>TOTAL REVENUES</b>			
<b>EXPENSES</b>			
<b>OPERATIONS - ADMINISTRATIVE</b>			
Salaries / benefits			
Printing / promotion / marketing			
Training / conferences			
Occupancy (rent / maint / utilities)			
Other admin expenses			
<b>Subtotal administrative</b>			
Interest expense			
Programs expenses			
Fundraising expenses			
Other operations expenses			
<b>SUBTOTAL OPERATIONS</b>			
<b>DEBT SERVICE</b>			
<b>CAPITAL EXPENDITURES</b>			
<b>OTHER EXPENSES</b>			
<b>TOTAL EXPENSES</b>			
<b>NET</b>			



**Part V. FINANCIAL INFORMATION, continued**

A1. Applicant Name

**PROGRAM / PROJECT**  
**THREE – YEAR FINANCIAL REPORT**

*USE LEADING MINUS SIGN TO INDICATE A LOSS  
 INDICATE WHICH YEAR AT THE TOP OF EACH COLUMN*

* Project through the close of current year	FY Previous Fiscal Year Actual	FY Current Fiscal Year Projected *	FY Next Fiscal Year Proposed Budget
<b>REVENUES</b>			
Grants / Donations / United Way / Govt			
Fundraising			
Interest income			
New borrowings			
Other revenue			
<b>TOTAL REVENUES</b>			
<b>EXPENSES</b>			
<b>OPERATIONS - ADMINISTRATIVE</b>			
Salaries / benefits			
Printing / promotion / marketing			
Training / conferences			
Occupancy (rent / maint / utilities)			
Other admin expenses			
<b>Subtotal administrative</b>			
Interest expense			
Programs expenses			
Fundraising expenses			
Other operations expenses			
<b>SUBTOTAL OPERATIONS</b>			
<b>DEBT SERVICE</b>			
<b>CAPITAL EXPENDITURES</b>			
<b>OTHER EXPENSES</b>			
<b>TOTAL EXPENSES</b>			
<b>NET</b>			

**Part VI. SIGNATURES**

A1. Applicant Name	
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Grant checks are presented to organizations receiving allocations at CWC's Caring With Commitment Celebration luncheon. As invitations are also sent to the Boards of Directors of accepted organizations, the Board of Directors list included with this application should be up-to-date and contain contact addresses.

H1. Send official grant notification to:				H1. Send invitation to Celebration luncheon to:			
Name				Name			
Title				Title			
Address				Address			
City				City			
State		Zip		State		Zip	
Phone				Phone			
Fax				Fax			
Email				Email			

**I. REQUIRED SIGNATURES**  
 Grant recipients are required to sign a contract with CWC and will be expected to honor the terms of said contract. This form requires two signatures. Persons signing this application must be authorized by their organization to sign contractual agreements. Signatures may include Chairman of the Board, President of the Organization or Executive Director.

**DECLARATION - I submit the information contained in this grant request application and affirm each item is true and correct. I hereby agree that any and all grant monies, including pledges, awarded by Colleyville Woman's Club to the organization I am authorized to represent will be used solely for the intended purpose as stated on page four of this application.**

I1. Signed,				I2. Signed,			
Date				Date			
Name				Name			
Title				Title			
Address				Address			
City				City			
State		Zip		State		Zip	
Phone				Phone			
Fax				Fax			
Email				Email			