

GFWC Oviedo Woman's Club
P. O. Box 620522, Oviedo, FL 32762-0522
GRANT REQUEST
DUE MARCH 1, 2017

INSTRUCTIONS

Mail completed application and other information to: **GFWC Oviedo Woman's Club, ATTN: Philanthropic Committee, P.O. Box 620522, Oviedo, FL 32762-0522.**

Incomplete or late applications will not be considered.

APPLICATION

Please read carefully. Complete all items. To be accepted, this application must be typed or printed in ink.

1. ORGANIZATION INFORMATION

Name of requesting organization: _____

Email address: _____

Mailing address: _____

Organization address (if different): _____

Best telephone number: (_____) _____

Name of parent or affiliated organization(s): _____

Please list names of principal officers of your organization, designating their respective offices.

Name of Officer	Office

2. Is your organization a Corporation? YES NO

If yes, give the Florida Corporate Number _____

3. Are you a 501(c)(3) organization, according to the Internal Revenue Service? YES NO

If yes, please attach a copy of your most recent determination letter.

4. SCOPE OF ACTIVITIES

Describe briefly the charitable work in which your organization is involved. Give a detailed description of the area for which this donation is used. **Because GFWC OWC is based in Seminole County and the City of Oviedo, we are most interested in supporting organizations which service our area.** Please provide applicable information on how you serve that population. (Attach additional sheets if needed.)

5. FINANCIAL INFORMATION

What percentage of the annual contribution received by your organization is from government sources and/or other organizations such as United Way? Please identify program(s).

Source	Percentage (%)	Program(s)
FEDERAL		
STATE		
COUNTY		
UNITED WAY		
OTHER		

List other sources of contributors within the past year.

6. APPLICANT'S SIGNATURE

This organization wishes to apply for a GFWC Oviedo Woman's Club Community Grant. The information provided is true and accurate.

Signature: _____ **Date:** _____

Printed Name _____

Title _____ **Best Telephone Number** _____

Organization _____