

**GFWC Oviedo Woman's Club**  
**P. O. Box 620522, Oviedo, FL 32762-0522**  
**GRANT REQUEST**  
**DUE MARCH 1, 2020**

**INSTRUCTIONS**

Mail completed application and other information to: **GFWC Oviedo Woman's Club, ATTN: Philanthropic Committee, P.O. Box 620522, Oviedo, FL 32762-0522** or scan and email to [owcphilanthropic@gmail.com](mailto:owcphilanthropic@gmail.com).

**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 black ink.

**1. ORGANIZATION INFORMATION**

Name of requesting organization: \_\_\_\_\_

Contact Name: \_\_\_\_\_

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. Have you received grant money from the Oviedo Woman's Club previously?**  YES  NO

If yes, how was the previous grant money used and what was the level of success?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**5. 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 organization which service our area and county.** Please provide applicable information on how you serve that population. (Attach additional sheets if needed.)

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**6. 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.

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Please list your requests for grant money:

No.	Item Description	Cost	\$ Requested
1			
2			
3			
Total:			

**7. 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 \_\_\_\_\_