

AVON JUNIOR WOMEN'S CLUB GRANT APPLICATION

AJWC CHARITABLE CONTRIBUTIONS COMMITTEE

PO Box 78, Avon, Connecticut, 06001 Federal Tax ID: 06-1419830

Legal Name of Organization: _____

Address: _____

Contact Name & Title: _____

Geographical area served by organization: _____

Total # of Staff: _____ # of Volunteers: _____ Other: _____

Management staff's names or attach a list of Board of Directors: _____

Contact Name (on management staff) & Phone: _____

Fiscal Year: _____ Amount of Grant Request: _____

Project/Program Title (for proposed use of funds): _____

Name of Coordinator for project/program: _____

On separate memoranda, please briefly describe the following:

1. Brief history of the Organization, its mission and when it was founded.
2. The project/program and how the community will benefit as a result of this program.
3. The measurable outcomes you plan to achieve as a result of this project/program.
4. The implementations plan and time schedule for completion of this project/program.
5. Other funding sources (if any) that have been approached for this project/program, and the amount and status of each request. Please include all requests to other foundations, businesses, trusts, individuals, etc.).
6. How this project/program will be financed if this grant request is not approved.
7. Amount of five highest grants received for this project/program last year (if applicable) and the source(s).

Names of Avon Junior Women's Club members who have referred you or are active in the organization: _____

Signature of authorized official: _____

Title: _____ Date: _____