

Northwood Woman's Club Philanthropy
Funding Request for May 2011
Fast Fact Sheet*

Name of Organization: _____

Purpose/Mission of Agency: _____

What community do you serve (city, county, etc.)? _____

Grant Request Information

Amount: _____

Purpose: _____

Type: Arts Education Health Homeless Welfare Other

Funding: Operating Expense Program/Project Capital Campaign

Number of people directly benefiting from request: _____

Request benefits: women children teens men

Fundraising Information

Do you have a major fundraising event? Yes/ No

If yes, what is the event(s) _____

When is it held? _____

Raised Amount? _____

Does the United Way support your agency? _____

If yes, how much money do you receive? _____

Describe most recent funding by NWC? (Years/Amounts) _____

Do you have NWC members serving on your Board of Directors and/or as paid staff member? If yes, please list: _____

**Some of this information is also on the following application form. Please fill out both to facilitate our evaluation.*

Northwood Woman's Club
Philanthropy Application for 2011

Name of Organization: _____ Phone: _____

Address: _____

Name and Title of Applicant: _____

Phone Number of Applicant (if different): _____ Web Site: _____

Executive Director of Agency: _____

Development Director of Agency: _____

Chairman of the Board of Directors of Agency: _____

Purpose of Organization (Mission Statement): _____

Classification: Arts ___ Education ___ Health ___ Homeless ___ Welfare ___ Other ___

Number of People Currently Served: _____ Total Capacity: _____

Geographical Areas Served: _____

Amount of Grant Request \$ _____ Capital Expense _____ Operating Expense _____

State the purpose for which funds would be used. Please be specific. _____

What would your organization do if it received more than the amount requested? _____

What would your organization do if it received less than the amount requested? _____

Are you applying for Project funds _____ or Operating funds _____?

If for *operating funds*, please describe specifically how the monies will be spent: _____

How many people will be served by this specific program/project? _____

How long has this program or project been in existence? _____

Number of paid employees: _____ Number of volunteers: _____

If selected as a beneficiary, how would you be able to assist Northwood Woman's Club in our fund raising efforts? Provide Volunteers ____ Public Service Announcements ____ Publicity ____

Please describe what kind of resources could be available _____

If selected as a beneficiary, would an NWC liaison be able to serve on your Board of Directors for the year of funding? _____

Address for site visit, if warranted: _____

Years and amounts of any previous Northwood Woman's Club funding: _____

Please attach the following documents to this application:

- Copy of IRS letter pertaining to tax exempt status
- Copy of most recently filed IRS Form 990, including Schedule A
- Current and future Operating Budget and Specific Project Budget (if applicable)
- 2007 or 2008 Audited Financial Statements (***This must be present to be considered eligible for a grant***)
- List and addresses of Trustees and/or Directors and principal staff
- List of donors and amounts received, including corporations, foundations, government agencies and service organizations

Please return twelve (12) collated copies before August 2, 2009 to:

**Northwood Woman's Club
Dr. Carolyn Bukhair
1409 Chesterton
Richardson, Tx 75080**