**GFWC Women’s Civic League of Cheyenne**

**Community Service Program Committee Grant Application**

Grant application for Community Service Program Committees and Subcommittees: Arts and Culture, Civic Engagement and Outreach, Environment, Education and Libraries, and Health and Wellness.

**Please print or type the requested information.**

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| Name of Committee for grant consideration: |  |

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| --- | --- | --- | --- | --- | --- | --- |
| Requesting organization name: | | |  | | | |
| Mailing address: | | |  | | | |
| City: |  | | Zip: |  | Telephone number: |  |
| Contact name: | |  | | | | |
| Contact title: | |  | | | | |
| E-mail address: | |  | | | | |

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| --- | --- | --- | --- |
| Mission of requesting organization: | |  | |
| Description of Project/Program and location for which funds are requested. If more space is needed, attach additional page(s). | |  | |
| Amount requested: | $ | Total cost of project: | $ |
| What other sources of funding will you have to support the project? | |  | |
| How many people will benefit from this project? Please describe. | |  | |
| Is there additional information about this project or your organization that would help us make our decision? If more space is needed, attach additional page(s). | |  | |
| Is your organization non-profit and/or tax exempt? | | Yes \_\_\_ No \_\_\_ | |
| Tax Identification Number (TIN): | |  | |
| Is your organization tax supported or affiliated with any tax-supported institution, i.e., federal, state, county, or city government? | | Yes \_\_\_ No \_\_\_ If yes, please explain. | |

If funding is granted, I/we agree to provide a full accounting of expenditures to GFWC Women’s Civic League within one (1) year of receiving funds. Having read and understood the requirements of this application and verifying all statements are true to the best of my/our knowledge I/we submit this application for review by the committee. I/we also grant GFWC Women’s Civic League of Cheyenne permission to use our name and photo, if relevant, for publicity purposes.

|  |  |
| --- | --- |
| Title/position: |  |
| Name printed: |  |
| Signature: |  |
| Date signed: |  |

Please send completed application to:

GFWC Women’s Civic League of Cheyenne

P. O. Box 4062

Cheyenne, WY 82003