

# GREATER KELLER WOMEN'S CLUB FOUNDATION

P. O. BOX 2365  
KELLER, TEXAS 76244  
www.gkwc.org

---

## GUIDELINES FOR THE DISTRIBUTION OF FUNDS FROM CLUB FUNDRAISING ACTIVITIES

### MISSION:

To assist in the development of the community by providing educational scholarships, to assist in the support of the elderly and needy people of the community, also in organizing and sponsoring various activities to support the youth, elderly and needy people of northeast Tarrant County.

### QUALIFYING ORGANIZATIONS:

- Health and Human Services
- Education
- Arts and Culture
- Community Improvement

Priority consideration is given to educational programs and to health and human service organizations, particularly with programs that help people gain skills for self-sufficiency.

### QUALIFYING CRITERIA:

- Organization is exempt from federal income tax under section 501-C (3) of the Internal Revenue Service code.
- Charitable organization is in full compliance with all federal state, and local laws or regulations.
- Program or project addresses community-related issues.
- Grants generally will not be given to tax-supported organizations or religious groups and churches, except for programs or projects that broadly benefit the community.

### GRANT REQUESTS SHOULD INCLUDE THE FOLLOWING INFORMATION:

- Proposal summary: A brief description of the program or project for which funding is being requested, including target population, number of people who will be served and desired impact.
- Amount of the request: the total fund-raising goal for the project or program.
- Organization's stated mission.
- Organization's annual budget. Primary sources of funding.
- Others who financially support the organization & contribution levels.
- List of organizations directors and/or list of project committee members.
- Attach a copy of organization's 501-C (3) tax-exempt status determination from the IRS.
- Attach a copy of organization's W-9 form, and form 990 or financial statement.

### GRANT APPLICATIONS MUST BE POSTMARKED NO LATER THAN *APRIL 1, 2010*.

Mailing Address: Greater Keller Women's Club Foundation  
Philanthropic Committee  
P. O. Box 2365  
Keller, TX 76244

# GREATER KELLER WOMAN'S CLUB FOUNDATION

## GRANT APPLICATION CHECKLIST:

Your completed application request must contain the following information (including this signed and returned checklist):

Checklist must be returned, including signature of person completing the checklist and application.

- Completed application.
- Two signatures as well as contact information.
- Organization's 501-C (3) tax-exempt status determination from the IRS.
- Financial information and budgets for both your agency and the specific program/project, including both income and expenses for the prior year, current year, and project year.
- Current year list of Board of Directors, including addresses and phone numbers.

Who prepared this grant application and checklist?

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Email: \_\_\_\_\_

Signature: \_\_\_\_\_

Head of Agency

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Signature: \_\_\_\_\_

# GREATER KELLER WOMEN'S CLUB FOUNDATION

---

## GRANT APPLICATION

Date Submitted: \_\_\_\_\_

GKWC use only

Date Received: \_\_\_\_\_

### COMPLETE ALL QUESTIONS:

Are you a \_\_\_\_\_ New Applicant or is this a \_\_\_\_\_ repeat application (within the last 3-6 years).

If new applicant, would you welcome a site visit by our representatives? \_\_\_\_\_ Yes \_\_\_\_\_ No

Name of Organization: \_\_\_\_\_

Address: \_\_\_\_\_

Primary Contact: \_\_\_\_\_

Title: \_\_\_\_\_ Email: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Website: \_\_\_\_\_

Amount of your grant request: \_\_\_ \$ \_\_\_\_\_

Date of your organization/grant's fiscal year: From: \_\_\_\_\_ To: \_\_\_\_\_

Will grant be used during current fiscal year? \_\_\_\_\_ Yes \_\_\_\_\_ No

If no, when will the funds be used? \_\_\_\_\_

Brief description of project or program for which funds are being requested [use additional pages if necessary]:

---

---

---

---

Project/Purpose [use additional pages if necessary]:

---

---

---

---

Target Population: \_\_\_\_\_ Number of people served: \_\_\_\_\_

## GREATER KELLER WOMEN'S CLUB FOUNDATION Grant Application, cont'd.

Desired impact:

---



---



---

Include in this grant application, a list of any grants received from the GKWC in the past five (5) years.

---



---

**BUDGET INFORMATION: DO YOU RECEIVE FUNDS FROM ANY OTHER SOURCES?**

Please check all sources that apply.

Organization	Yes	No	Amount	% of Budget
United Way				
Government				
Corporate Donation/Grants				
Other Agencies				
Foundation/Churches				
Private Donations				
Special Events				
Other Sources				

### ORGANIZATION INFORMATION

Current fiscal year budget: \_\_\_\_\_

Administrative Costs \$ \_\_\_\_\_

% of total budget: \_\_\_\_\_

Campaign fund raising costs: \_\_\_\_\_

% of total budget: \_\_\_\_\_

### PROGRAM/PROJECT INFORMATION

Current fiscal year budget: \_\_\_\_\_

Administrative Costs \$ \_\_\_\_\_

% of total budget: \_\_\_\_\_

Campaign fund raising costs: \_\_\_\_\_

% of total budget: \_\_\_\_\_

### PROJECTED YEAR BUDGET OF THE ORGANIZATION

Fiscal year budget: \_\_\_\_\_

Administrative Costs \$ \_\_\_\_\_

% of total budget: \_\_\_\_\_

Campaign fund raising costs: \_\_\_\_\_

% of total budget: \_\_\_\_\_

### PROJECTED YEAR BUDGET OF THE PROJECT

Fiscal year budget: \_\_\_\_\_

Administrative Costs \$ \_\_\_\_\_

% of total budget: \_\_\_\_\_

Campaign fund raising costs: \_\_\_\_\_

% of total budget: \_\_\_\_\_