

WOMEN'S CLUB OF PITTSFORD

P.O. BOX 208 - PITTSFORD, NY 14534

GRANT APPLICATION

Applications are accepted October 1 - December 31.

(typed responses preferred)

FEDERAL EMPLOYER #: _____

CHARITABLE STATUS: 501(c)(3) _____

Please attach tax status documentation

NAME OF ORGANIZATION _____

ADDRESS _____

CITY, STATE, ZIP _____

CONTACT PERSON _____

TITLE _____

PHONE _____

E-MAIL ADDRESS _____

PROJECT TITLE

PROJECT NEED \$ _____

PURPOSE OF YOUR ORGANIZATION, as stated in your articles of incorporation or by-laws

PROJECT INFORMATION & OBJECTIVES

Describe the project; List the goal(s); List who it will serve and how many; Explain why this project is needed; explain how you will accomplish the goals; and how you will measure outcomes.

WCOP does not award grants for overhead operating expenses.

Attach additional pages if needed.

Signature _____ Date _____

Please send to the address above with Attn: Endowment Chair.

Revised 4/17