



Grant Application

Date: _____

Organization Name: _____

Contact Name: _____ Years in Your Position: _____

Email: _____ Phone Number: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Website (URL): _____

Year Non-Profit Established: _____ Non-Profit/Designation: ___ 501 ___ 501(c)3 ___ 501(c)6

Other _____

Requesting organization MUST provide a copy of registration and proof of non-profit status. Additionally, please include a high-resolution logo (JPEG/PNG) file type for promotional purposes if selected.

Your Mission Statement:

How did you hear about our organization? _____

What do you believe we can provide your organization?

What will the grant be used for?



Provide the grant amount you are seeking: _____

NOTE: TLCWGC does not provide grants to support capital campaigns, operational funding, hard asset improvements/facility improvements, event fundraisers or sponsorships, lobbying of any kind or endowments. We reserve the right to request documentation in support of the expenditures for the amount granted.

Do you provide services to Sarasota and/or Manatee County? Yes No

What is the financial impact per individual/program this grant will support?

Is there a matching grant? Yes No

If yes, indicate donation source: Donor Board Member Other: _____

May we tour your facility? Yes No

Do you wish to speak with our Grant Chair about your organization? Yes No

What reciprocal benefits can you provide to our organization? (i.e. our logo on your partners page, newsletter feature, etc.)

Submission Deadline: All applications must be submitted by October 31 of each calendar year.

Once completed, submit to TLC Women’s Giving Circle via email at tlcwgc.grants@gmail.com

Website: tlcwomensgivingcircle.org