

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:Other	Non-Profit/Designation:	501501(c)3501(c)6
Requesting organization <u>MUST</u> provide a include a high-resolution logo (JPEG/PN	• • • • • • • • • • • • • • • • • • • •	oof of non-profit status. Additionally, please purposes if selected.
Your Mission Statement:		
How did you hear about our organization	n?	
What do you believe we can provide you	r 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 Deadlines: Our granting process takes place semi-annually. Applications will be reviewed twice a year, with submission deadlines on **March 31** and **October 31** of each calendar year. Grants will be funded within **2 months** following the application deadline, and award recipients will be notified via email.

Once completed, please submit your application to the **TLC Women's Giving Circle** via email at **tlcwgc.grants@gmail.com**.

For more information, visit our website: <u>tlcwomensgivingcircle.org</u>.