

**The Woman's Club of Winter Park, Inc.**  
**419 S Interlachen Ave, Winter Park, FL 32789**  
**Application for Grant Funding**

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

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

E.I.N./ Tax ID Number: \_\_\_\_\_

Contact Person: \_\_\_\_\_

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

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

E-mail: \_\_\_\_\_

Has your organization received funds from us in the past? \_\_\_\_\_

When? \_\_\_\_\_

How much? \_\_\_\_\_

What is the purpose of your organization? \_\_\_\_\_

What is your annual budget? (Provide an itemized budget, items listed must relate to your monetary request) \_\_\_\_\_

What is the main source of your funding? \_\_\_\_\_

Do you have a specific project or goal and if so, what is it? \_\_\_\_\_

Who is your target audience? \_\_\_\_\_

How much money are you requesting? \_\_\_\_\_

How will your funds be used? \_\_\_\_\_

What are the projected outcomes? \_\_\_\_\_

How will your purposes be evaluated? \_\_\_\_\_

Who provides your internal or external accounting services? \_\_\_\_\_

**Please attach copies of the following to this application:**

-501(c)(3) Tax Exempt Letter

-IRS Form 990 for the prior 1 to 2 calendar years

-Balance Sheet and Income Statement for the prior 1 to 2 calendar years

-Florida Business License

\*Incomplete applications will not be considered for grants.