

**Sierra Vista Woman's Club**  
**Charitable Donations Procedures and Guidelines**

**Disbursement Committee Mission:**

To award funding to organizations and individuals that primarily serve the Greater Sierra Vista area (Sierra Vista, Huachuca City, Hereford and Palominas) for this budget cycle, with an emphasis on grants that benefit women and youth.

**Donation Categories:**

1. Disbursements: Sierra Vista Woman's Club (SVWC) makes these donations during March of each year.
2. Discretionary (Discretionary Funds): SVWC makes these time-sensitive donations based on the following criteria:
  - a. Contingent upon available donation funding in the SVWC current operating budget;
  - b. The application demonstrates a community need not being met or unable to be met through customary funding sources;
  - c. The urgent need of an individual or organization to meet its planned objectives for its current operation; and
  - d. The need for discretionary funds is NOT due to a failure to submit a timely application for the SVWC annual disbursement.

**Procedures:** In both cases it is through the disbursements chair that the requests are channeled, researched and then presented to the Board of Directors (BOD) for final approval.

1. The Disbursement Committee, as defined in the SVWC bylaws, reviews the applications for financial assistance before submitting requests to the BOD for approval. It is mandatory that requests be made by using the following SVWC Request for Financial Assistance Form.
2. Requests for Discretionary Funds are considered as received by the Disbursement Committee. The applications are submitted to the BOD either via e-mail or at the next board meeting, depending on the urgency of the request.
3. For both donation categories, requests must be submitted according to guidelines set each year by the **Disbursement Committee** chair.

**Criteria:** The SVWC Disbursements Committee and the BOD operate under a set of guidelines for the benefit of the community.

1. Three important criteria are used to determine the merits of the request:
  - a. Groups' activities to raise money;
  - b. Number of individuals who will benefit from the donation; and
  - c. Efforts to obtain funds from other organizations.

2. THE SVWC:

- a. Does not donate funds to raise funds; for example, the purchase of items for resale or money to fund grant writing.
  - b. Discourages personal requests unless the request has a community impact, and then the request should be submitted by the individual's organization, if possible.
  - c. Does not donate equipment, only the funds to purchase equipment.
  - d. Does not consider requests that are "after-the-fact".
  - e. Does not consider requests for consumables (dinners, luncheons, etc.).
  - f. Does not donate money to pay salaries.
3. All funds must be used for the specific purpose cited in the application. The Disbursement committee and the BOD must approve any changes.

**Reporting:** Recipients of funding are required to provide a report to the Disbursement Committee no later than 6 months after receipt of funds describing in detail how the funds were used. Photographs are encouraged.

NOTE: If requested by the BOD or Disbursement Committee, receipts for the items and services purchased must be forwarded to the disbursements chair within three (3) months of cashing the check. Failure to do so could affect future support. Excess money must be returned to the SVWC within three (3) months of cashing the check.

Sierra Vista Woman's Club  
Request for Financial Assistance

For Internal Use Only

Date of Application: \_\_\_\_\_

Control No: \_\_\_\_\_

Amount: \_\_\_\_\_

Check Number: \_\_\_\_\_

PLEASE PRINT OR TYPE:

1. Name of organization: \_\_\_\_\_

2. Is this organization: Profit \_\_\_\_\_ Non-Profit: \_\_\_\_\_ Other: \_\_\_\_\_

3. What is your EIN: \_\_\_\_\_

4. Name and title of contact person: \_\_\_\_\_

5. Phone Number: \_\_\_\_\_ E-mail (MANDATORY): \_\_\_\_\_

6. Organization website address: \_\_\_\_\_

7. Physical address: \_\_\_\_\_

8. Mailing address (if different): \_\_\_\_\_

9. Name of larger organization you are affiliated with: \_\_\_\_\_

10. Mission of the organization: \_\_\_\_\_

11. Number of personnel in the organization: \_\_\_\_\_

a. How many are: Full time: \_\_\_\_\_ Part time: \_\_\_\_\_ Volunteers: \_\_\_\_\_

12. Has SVWC financially supported this organization in the previous 12 months? \_\_\_\_\_

13. If yes, indicate amount: \_\_\_\_\_

14. This request is for: Equipment Purchase: \_\_\_\_\_ Project: \_\_\_\_\_ General Operating: \_\_\_\_\_

15. Approximate number of people who will benefit from this request: \_\_\_\_\_

16. What population will be served by this request: \_\_\_\_\_

17. Total anticipated expenditures for your group this year: \$ \_\_\_\_\_

18. Identify sources of additional funding received: \_\_\_\_\_

19. List the amount of other sources of financial support:

- a. Fund Raisers/Special Events \$ \_\_\_\_\_
- b. Government funding \$ \_\_\_\_\_
- c. Private Foundations \$ \_\_\_\_\_
- d. Service Clubs/Civic Organizations \$ \_\_\_\_\_
- e. Parent Organizations \$ \_\_\_\_\_
- f. United Way \$ \_\_\_\_\_
- g. Combined Federal Campaign \$ \_\_\_\_\_
- h. Other \$ \_\_\_\_\_

20. Is this an ongoing service/activity for your organization? Yes \_\_\_\_\_ No \_\_\_\_\_.

- a. If yes, how has this service/activity been funded in the past? (Explain)
- b. Will this service/activity continue without the support of the SVWC? (Explain)

21. AMOUNT OF THIS REQUEST: \$ \_\_\_\_\_

22. If approved, check should be made out to: \_\_\_\_\_

23. Attach a list/letter describing the purpose for which the funds will be used. **Please include the community impact associated with this service/activity. Your letter should be no more than 3-pages and be attached to this funding application.** We will use this information to determine the eligibility and the amount of our donation. **Please refer to our Guidelines on page 1.**

24. If you are an individual requesting funding, please provide two personal references and one project reference.

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

If you are not completing this form on our website, please send your completed application to:

Mail: Sierra Vista Woman's Club, Inc., PO Box 981. Sierra Vista, AZ 85636

Email: [membership@svwomansclub.com](mailto:membership@svwomansclub.com) Attn: Disbursement Committee

DEADLINE DATE: All requests must be postmarked or received electronically no later than \_\_\_\_\_ . The SVWC is not responsible for lost or misdirected mailed requests. If further assistance is needed contact us at [membership@svwomansclub.com](mailto:membership@svwomansclub.com) Attn: Disbursement Committee.

**NOTE: A member of the SVWC Disbursement Committee may contact you for questions or clarification concerning this application.**