



North Mecklenburg
WOMAN'S CLUB
BRANCHING OUT TO THE COMMUNITY

2021/2022 NMWC CHARITABLE CONTRIBUTION APPLICATION

SUMMARY SHEET FORM

APPLICANT INFORMATION

Legal Name of Organization: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Email: _____ Phone: _____

Website: _____ Organization Email Address: _____

CONTACT INFORMATION

Executive Director Name: _____ Phone: _____

Email: _____

Alternate Contact: _____ Phone: _____

ORGANIZATION INFORMATION

Year Founded: _____ 501(c)(3) Number: _____

Mission Statement: _____

Number of Paid Employees: _____ Number of Volunteers: _____

Approximate Number of Persons Served In Most Recent Calendar or Fiscal Year: _____

Geographic Area Served: _____

GRANT REQUEST INFORMATION

Type of Grant Requested:

General Operating Support: ___ Program/Project Support :___ Name of Program/Project: _____

Amount of Request: _____

Describe what the grant will be used for:

Have you ever received a NMWC grant? Yes? ___ No?

If so: Amount(s)? _____ Year(s)? _____

FINANCIAL INFORMATION

Organization Budget for Fiscal Year Ending: _____

Income: _____ Expenses: _____

And, if other than a general operating request:

Program/Project Budget: _____ Dates: from ___/___/___ to ___/___/___

Did you attend an informational meeting held by NMWC? Yes: _____ No: _____

If so: Year ___

Signature of Executive Director
or Authorized Representative: _____ Date: _____

(Accepted in electronic format)