

**2020/2021 NMWC CHARITABLE CONTRIBUTION APPLICATION**

North Mecklenburg Woman’s Club (NMWC) is organized to bring women together to

promote and support social, educational and civic progress in the community.

**2020/2021 CHARITABLE CONTRIBUTION REQUEST REQUIREMENTS**

**Applications will be accepted postmarked from March 1st to April 15th 2020.**

**Send to: Franci Kinkade, “Charitable Request” PO BOX 1782, Huntersville, NC 28070**

**or** **charityrequest.nmwc@gmail.com**

NMWC proudly announces an opportunity to apply for 2020/2021 charitable contributions. NMWC members believe that in creating a better life for people in our communities we create a better life for each other. NMWC solicits applications from programs and projects that involve community organizing and/or economic development, seek to affect positive change in the community, provide opportunity for the women of the club to apply for volunteer positions within the organization and indicate potential for change and the empowerment of the people and the community involved. To be considered for an award, applicant organizations for which funding is sought must operate in accordance with the NMWC mission of creating a better life for people in our community. If awarded a NMWC grant for the 2020/2021 funding cycle, all recipients will be required to submit a Grant Report at the end of the funding period. NMWC must receive a grant report from a previous grant award before considering a future grant application.

**Eligibility Criteria**

In order to be eligible for consideration the following minimum requirements MUST be met:

* 501(c)(3) designation providing services related to the stated purposes of providing and promoting social, educational and civic progress in the community.
* Provide services in north Mecklenburg County and surrounding areas.
* May not discriminate based on race, color, national origin, disability or any other status protected under law. However, organizations that serve a specific population (e.g. women) will be considered.

EXAMPLE OF NON-DISCRIMINATION STATEMENT

\*\*\*\*\*\*\*\* hereby certifies that in regard to persons served by the organization, persons employed by the organization, persons serving on the governing Board of Directors of the organization, the selection of vendors and the provisioning of services to or by the organization, the \*\*\*\*\*\*\* does not discriminate by reason of race, color, religion, national origin, gender, age, sexual orientation, gender variance, gender expression, marital status, political belief, military status or physical or mental disability.

* The ability to demonstrate a significant demand for services and ability to respond.
* All information requested on the summary sheet form MUST be completed or application will not be considered.

**Checklist for Completion of Application**

**The NMWC** application consists of the following components, which MUST be submitted: this checklist is provided to help ensure a complete proposal. If you’re missing a document, please explain why.

**Summary Sheet Form**

**Narrative Questions: There is a three-page limit for this narrative.**

(Please type in 12 point font.)

1. Organization background/community impact.
2. Goals and objectives to meet your goals. (Please list goals and objectives.)
3. Current services provided in your community.
4. Collaboration/partnerships and how do they advance your goals.
5. In what ways can NMWC help to advance your mission?

**REQUIRED ATTACHMENTS**

1. Budget, including revenue and expenses: Organization’s operating budget for the current fiscal year. If a request is for a specific Project within your Program, include project budget.
2. Most recent Financial Statements: Income and Expense Statement and Balance Sheet
3. Proof of IRS federal tax-exempt status: 501(c)(3) Determination Letter
4. Most current 990, 990Z or 990N-in addition most current Audit (if available)
5. Major Contributors: names and amounts received of $5,000 and over
6. Value of In-Kind Contributions
7. Board of Directors, with positions
8. Non-Discrimination statement adopted by the Board of Directors (if available)
9. Key Paid Staff
10. Sources of Income Table (see included in packet)

**Thank you for your interest in NMWC. All applications will be reviewed by NMWC members and voted on by the Board in July/August 2020. Applicants will be notified by mail in July/August 2020. Currently no minimum or maximum awards have been established. Awards will be made based on need, impact and prior NMWC contributions received. Please note that the grant application must be complete with all narrative questions answered and all required attachments included. For more information please visit our website at** [**www.nmwclub.org**](http://www.nmwclub.org)**.**

**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:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**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 award? Date:\_\_\_\_\_\_\_\_\_ Amount:\_\_\_\_\_\_\_\_\_ Year:\_\_\_\_\_\_\_\_\_**

 **FINANCIAL INFORMATION**

 **Organization Budget for Fiscal Year Ending:** \_\_\_\_\_\_\_\_\_\_

**Income:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Expenses:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**And, if other than a general operating request:**

**Program/Project Budget:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Dates: from \_\_\_/\_\_\_/\_\_\_ to \_\_\_/\_\_\_/\_\_\_**

**SOURCES OF INCOME TABLE**

**Government Grants: \_\_\_\_\_%**

**Foundations: \_\_\_\_\_%**

**Business: \_\_\_\_\_%**

**Fees/Earned Income: \_\_\_\_\_%**

**Events (include event sponsorships): \_\_\_\_\_%**

**Individual Contributions: \_\_\_\_\_%**

**In-kind contributions: \_\_\_\_\_%**

**Churches: \_\_\_\_\_%**

**Other: \_\_\_\_\_%**

**TOTAL (Must equal 100%): \_\_\_\_\_%**

**Did you attend an informational meeting held by NMWC? Yes:\_\_\_\_\_\_\_ No:\_\_\_\_\_\_\_**

**Signature of Executive Director**

**or Authorized Representative**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Accepted in electronic or hard copy format)