



CHARITIES GROUP GRANT APPLICATION

Date:

Name:

Address:

Phone:

Name of Director:

Phone:

Name of Grant Application Contact:

Phone:

E-mail Address for Grant Application Contact:

State the purpose and goals of your organization, including the individuals whom you serve.

How long has your organization been in operation?

Number of staff (indicate whether paid or volunteer):

Does the organization receive assistance, financial or otherwise, from other sources?

Yes No

If yes, please list below the sources that fund your organization and the percentage of your annual budget covered by each:

%

%

%

%

Does your organization participate in fundraising activities?

Yes No

If yes, please explain the types of fundraising activities in which your organization participates. If no, please explain why not.

Is your organization part of a national organization?

Does your organization contribute to other organizations?

If yes, please explain.

How is your organization managed? Board of Directors? Executive Director?

Please identify board members and officers:

Please identify any members of Younger Woman's Club affiliated with your organization and describe their contribution(s) to your organization:

Please explain your request for funding, including the item(s) or services needed and the projected cost of each:

Please provide two estimates and/or bids for the equipment and/or supplies being requested. If two estimates and/or bids cannot be provided, please explain why. If your organization's request is for items not being purchased from third-party vendors, please provide a detailed explanation of how your organization calculated the requested amount.

How many people will your request serve? Do these individuals pay for your services?

Is the funding of the program dependant upon us? Are you currently seeking funding for this from another source? Please explain.

Can you use volunteers from the Younger Woman's Club? If so, how?

Please attach to this application a copy of your organization's most recent audited financial statement, including statement of financial position (balance sheet), statement of activity (statement of revenue and expense), statement of cash flows, and all footnotes.

If you are part of an umbrella organization, the audited Financial Statements should be those of the entity to whom the Internal Revenue Service has granted tax-exempt status. If you are part of an umbrella organization, or seeking funding for a particular program or division, please provide separate Financial Statements for your division or specific program, as applicable. If your audited Financial Statements are not for the most recent tax year, please also include unaudited financial statements for the most recent year.

If you do not have audited financial statements, please provide as detailed an explanation as possible of your revenue sources over the last twelve months and your expenditures by line item. The enclosed financial form may be used.

Please direct questions to ywc.charities@gmail.com.

Please send completed applications to:

**Younger Woman's Club of Louisville Charities Group
P.O. Box 24374
Louisville, KY 40224-0374**

**YOUNGER WOMAN'S CLUB OF LOUISVILLE
CHARITIES GROUP FINANCIAL FORM**

TOTAL REVENUE & EXPENDITURES FOR OPERATING BUDGET	Current Budget	Proposed Budget	\$ Variance 2 minus 1*
PUBLIC SUPPORT & REVENUE			
Federated Fund-Raising Organizations			
Contributions**			
Special Events			
Legacies & Bequests			
Fees & Grants from Government Agencies			
Membership Dues-Individuals			
Assessments & Dues-Local Member Units			
Program Service Fees & Net Incidental Revenue			
Sales of Material & Services to Local Member Units			
Sales to Public			
Investment Income			
Gains on Investment Transactions			
Miscellaneous Revenue			
1. TOTAL REVENUE FROM ALL SOURCES			
EXPENSES			
Salaries			
Employee Benefits			
Payroll Taxes, etc.			
Professional Fees			
Supplies			
Telephone and Internet			
Postage & Shipping			
Occupancy (Rent or Mortgage)			
Rental & Maintenance of Equipment			
Printing & Publication			
Travel			
Conference, Conventions & Meetings			
Specific Assistance to Individuals			
Miscellaneous Expenses			
Payments to Affiliated Organizations			
New Equipment Acquisition			
Insurance			
2. TOTAL EXPENSES			
MINUS: ADMINISTRATIVE EXPENSES			
NET PROGRAM EXPENSES			
Excess (Deficit) of Revenue Over Expenses (Line 2 – Line 1)			

ALL FINANCIAL INFORMATION ROUNDED TO THE NEAREST DOLLAR