

2019 DCWC Charity Grant Application Guidelines

All Grant Applications must be in compliance with the following Guidelines.

- Grant funds awarded are to be used for a specific Project; funds are not to be used for general or operational support or overhead.
- Grant funds awarded are to be used to provide assistance to satisfy a community need within the Miami Valley area.
- The Grant Application Form must be fully completed and submitted, as indicated; use attachments as needed, for additional information and documentation, clearly indicating the Application Form item numbers associated.
- The Grant Application must be signed by the organization's Chief Executive Officer (or equivalent), confirming the accuracy of all information provided.
- The Grant Application must provide Point of Contact (POC) information (name, title/position, phone number, Email, and mailing address) for the management and processing of the Grant.
- The Grant Application submission must be postmarked by February 28, 2019.
- The Grant Application POC must be prepared to provide any additional or clarifying information requested during the review process.
- Grant Award recipients must be prepared to provide all Grant funds expenditure receipts and associated information requested, throughout the Project.
- Grant Award recipients must be prepared to provide a report of successful completion at the end of the Project, and must agree to associated publicity regarding the Grant-funded Project.

Scroll to Grant Application Form, below.

2019 DCWC Charity Grant Application Form

*Complete this application and submit to:
Dayton Catholic Women's Club, c/o Grants Committee; 3913 Silver Oak Street; Riverside, OH 45424.
Application submissions must be postmarked by March 1, 2019.
Use attachments as needed, to provide additional information and supporting documentation,
clearly indicating the Application Form item number associated with each.*

1. Organizational Information

1.a. Organization Name _____
Address _____
Web Site URL _____

1.b. Employer Identification Number (EIN) _____ - Also provide copy of your Organization's IRS Form 1023 and IRS 501(c)(3) Affirmation Letter.

1.c. Management/Governance - Provide a list of Board Members/Trustees, Officers, Terms of Office.

1.d. Staff Members - # Paid Full-time ____; # Paid Part-time ____; # Volunteer ____

1.e. Affiliated with National/Regional Organization? YES ____ NO ____

If Yes, provide Name, Address, and Web Site URL.

2. Organizational Purpose

2.a. Organization Vision and Mission - Provide copy of Vision and Mission Statements.

2.b. Services - Provide brief explanation (limit two sentences each) of top three services provided, and service area.

2.c. Population Profile - Provide brief description (limit one paragraph) of those directly benefitting from services.

3. Financial Information

3.a. Annual Report - Provide copy of Organization's most recent Annual Report and Financial Statements.

3.b. Current Budget - Provide copy of Organizational Budget for current year.

3.c. Funding Sources - Provide list (Source Name and Amount) of top three primary sources of funding.

3.d. Past DCWC Grant Awards - Provide bulletized list of DCWC Grants awarded to your Organization over past five years (2014 to 2018); for each, indicate Year, \$ Amount, Project Supported, Project Goals, how Funds were spent, any amount Over/Under Project Budget, and brief statement of Outcome/Success of Project.

4. Project Information

4.a. Project Summary - Provide brief Summary (limit one paragraph) of Project for which this Grant Application is requesting funds.

4.b. Project Details - Provide brief bulletized explanation (limit one page) of the proposed Project, addressing:

- 1) Why the Project is needed;
- 2) What the Project entails;
- 3) Population profile of those who will benefit;
- 4) Specific Project goals and outcomes;
- 5) Total \$ amount requested, and makeup of request;
- 6) Project Plan Timeline for overall Project and for expenditure of Funds; and,
- 7) Plan for determining Success of Project.

4.c. Impact if Not Funded - Provide brief explanation of specific impact, if DCWC does not fund, or only partially funds, this Project.

4.d. Alternative Funding – Briefly indicate known alternative sources of funding for this Project.

5. Project Point of Contact

5.a. Point of Contact (POC) - Provide contact information for the individual within your Organization who will serve as the principal POC for the management and processing of this Grant.

- 1) Name _____
- 2) Title/position _____
- 3) Phone number _____
- 4) Email address _____
- 5) Mailing address _____

6. Organizational Signature

6.a. Chief Executive Officer (or equivalent) - Provide contact information and signature for the individual within your Organization, whose signature confirms the accuracy of all information contained in this Grant Application.

- 1) Name _____
- 2) Title/position _____
- 3) Phone number _____
- 4) Email address _____
- 5) Mailing address _____

Signature _____ Date _____

(Printed Name) _____

(Title/Position) _____