



Women's Association of Hilton Head Island Charitable Fund

This year WAHHI grants will be given to projects which serve the needs of women and children in our community. The grant will be an extension of WAHHI's core values as expressed in WAHHI's mission statement: To facilitate communication among women, to encourage projects that benefit the community, and to promote the natural and cultural beauty of the Lowcountry. All grant applicants are required to meet four criteria:

1. Applicant must have 501(c)(3) status.
2. Applicant must fit our area of focus.
3. Applicant must serve our geographical area.
4. Applicant must have offices located in the geographical boundaries as defined by the WAHHI constitution.

Grant amounts will not exceed \$1,000.00

Grant applications will be accepted until **January 15, 2017**, and grants will be awarded in the spring.

Women's Association of Hilton Head Island Charitable Fund
Attn: Grants Committee
PO Box 5105
Hilton Head Island, SC 29938

Contact Bonnie Burnette, Grants Committee Chair, at 843-802-4427 or rbburnette@aol.com with questions.



**Women's Association of Hilton Head Island
Charitable Fund**

2017 GRANT APPLICATION

ORGANIZATION INFORMATION:

Name of Organization: _____

Executive Director or Grant Contact Person:

Address: _____

Telephone: _____ Fax: _____ Email: _____

Does your organization have IRS 501(c)(3) nonprofit status? Yes ____ No ____ (Required)

Federal Tax ID #: _____ Date organization was founded: _____

Organization's Mission Statement:

Describe the population your organization serves (number of individuals, gender, ages, ethnicity, etc.):

EXECUTIVE SUMMARY OF PROJECT: (Not to exceed one page)

Please attach a summary of how the requested funds will be used. Include details for the following questions: What is your goal? How will you achieve this goal? Who will be served? How will you staff this project? How will the success of this project be measured? How will this project benefit the community?

PROJECT INFORMATION:

Project for which funding is requested:

Type of Project: Program _____ Special Project _____ Other _____

Total project budget: _____ Grant amount requested: _____

Project Period: from _____ to _____

Geographic area served by project:

Have you received or are you seeking funding from any other sources for this project? Yes: ____ No: ____
If yes, please indicate from whom and amount requested.

AUTHORIZATION:

Signature of Executive Director/President

Signature of Board Chair or Officer

Please Print Name and Title

Please Print Name and Title

Date: _____

Date: _____

Required Information:

- Does Your organization have a listing on Community Foundation of the Lowcountry's Giving MarketPlace website? Yes _____ No _____ If your organization does not have a listing on the Giving MarketPlace, contact the Community Foundation of the Lowcountry at 843.681.9100 for assistance.

If you are unable to fulfill the Giving MarketPlace Full Profile Report, the following attachments are required with this application in lieu of the Full Profile Report:

- Copy of organization's current budget
- Copy of organization's most recent Form 990
- Copy of organization's Form 501(c)(3) letter from the Internal Revenue Service
- Does your organization have a regular audit of its finances? Yes ____ No ____
- List of organization's current staff and board members

Grant applications are due to the address below by January 15, 2017_____:

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