



## *Guam Women's Club*

### **Grant Application**

Please submit the completed grant application by hard copy along with your cover letter and supporting information to: **Guam Women's Club, P.O. Box 454, Hagatna, GU 96932**

Date: \_\_\_\_\_

### **Organization Information**

Name of Organization: \_\_\_\_\_

Street Address: \_\_\_\_\_

Village: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Web Site: \_\_\_\_\_ Tax ID Number: \_\_\_\_\_

Date your organization was established with Guam Dept of Revenue & Taxation: \_\_\_\_\_  
(Attach copy of most recent Annual Report submitted.)

### **Executive Information**

Name /Title: \_\_\_\_\_

Street Address: \_\_\_\_\_

Village: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax: \_\_\_\_\_

Mobile: \_\_\_\_\_ Email: \_\_\_\_\_

**Financial Information**

Organization's Annual Budget (current fiscal year): \$ \_\_\_\_\_

Organization's Annual Budget (past fiscal year): \$ \_\_\_\_\_

Annual budget for the Program/Project/Event for which you are seeking funding: \$ \_\_\_\_\_

Are you seeking funds for a new program/project/event? \_\_\_\_\_ If no, list the top three (3) sources and amounts of funding (within the past year) to support the program/project/event for which you are seeking funding:

Donor: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

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Donor: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

**Guam Women's Club Funding History**

Have you received funding from the Guam Women's Club in the past? \_\_\_\_\_ If yes, list the dates, amounts and purpose of grants received:

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Amount: \$ \_\_\_\_\_ Purpose: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Amount: \$ \_\_\_\_\_ Purpose: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Amount: \$ \_\_\_\_\_ Purpose: \_\_\_\_\_

All funds granted by the Guam Women's Club can only be used for the program, project, or event indicated in the above application. Substantiating documents may be requested if awarded this grant. A signed original application must be submitted to the GWC by mail.

\_\_\_\_\_  
Name/Title & Signature of Organization Executive

\_\_\_\_\_  
Date

**Contact Information:**

\_\_\_\_\_  
Name/Title

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Fax

\_\_\_\_\_  
Email