



TEXAS WOMEN'S LEAGUE

2010-2011 CHARITY APPLICATION

Application Submittal Date: _____ Amount of Funds Requested: _____

Organization: Name: _____

Office Location: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone(s): _____ Fax: _____

E-mail Address: _____ Website: _____

Description/Purpose of Organization: _____

Contact Person: Name: _____ Title/Role: _____

Telephone(s): Home: _____ Cell: _____ Work: _____

Fax: _____ E-mail Address: _____

Qualifications: To qualify for funds from the Texas Women's League (TWL), charities must complete ALL portions of this application and submit ALL required attachments. Incomplete applications will be rejected. In addition, the charities must meet the following TWL Bylaws requirements:

- (1) be located solely in Fayette County or use granted funds solely in Fayette County or solely for Fayette County residents;
- (2) be in existence for at least one year; and
- (3) be designated as 501(c)(3) non-profit organization by IRS.

Eligibility: If this organization was selected as one of the top three vote recipients for TWL funding during the two years immediately preceding this application year, it will not be eligible for top three selection status during this 2010-2011 funding period. However, the TWL Board of Directors may consider the organization's application for funding if additional funds are available and all other selection criteria are met. In addition, if this organization has a fundraiser scheduled on the same date as the TWL Annual Spring Charity Gala (always the first Saturday in March), it may not be eligible for funding.

Selection Process: The TWL Board of Directors will review each application. All TWL members will have the option of reviewing each application. Charity applications that, in the view of the Board of Directors, meet the qualifications of the TWL Bylaws will be presented to the TWL general membership at the Fall/October meeting for a formal vote to select the top three charities. The top three charities are guaranteed funding. Funding of other applicants depends on the availability of funds, the number of votes received by the applicant, and the applicant's participation in or support of TWL (see page 3). TWL members and the top three vote recipients will be notified of the results within 10 days of the Fall meeting.

Please return the entire completed application to:

Texas Women's League
Attn: Angela F. Beck
P.O. Box 1114
La Grange, Texas 78945.

Deadline for application and supporting documents is **5:00 P.M. MONDAY, AUGUST 23, 2010.**
NO EXCEPTIONS.



ORGANIZATION – General Information

Registered Name of Organization: _____

First Year of Operation: _____ Date of 501(c)(3) IRS designation: _____

[Attach copy of most recent designation letter.]

BRIEF DESCRIPTION OF ORGANIZATION:

1. **Attach a list** of current officers and board of directors, including contact telephone numbers.

2. Purpose/Goal of Organization: _____

3. Target Population Served: _____

4. Geographic Service Area: _____

5. Does this organization operate only in Fayette County? Yes No *[If not, include manner in which requested funds will benefit Fayette County residents or clients in Project Description below.]*

6. Indicate which IRS charitable code(s) best describe the goals of this organization, and briefly explain selection(s):

- (a) Kindness or help for the needy, suffering, handicapped, community protection or community beautification;
- (b) An institution engaged in relief of the poor, health care providers, community protection, senior citizens, arts;
- (c) Public provision for the relief of the poor, health care providers, community services; historical preservation; or
- (d) A gift for public benevolent purposes as hereinbefore defined.

Section(s) that apply: _____ Explain how each section applies: _____

7. Indicate if this is a private, or public institution/organization.

8. Briefly describe recent activities and/or services provided by this organization:

FUNDING REQUEST: (Attach additional pages where needed, referring to item to which you are responding)

Brief description of project/program for which funding is sought: _____

Target Objective(s): Describe specific community need or problem this project will address:

Funding: How will requested funds be used to meet target objectives? _____

Collaboration: Identify other community agencies or groups which provide the same or similar services, or are attempting to address similar community problems (Explain): _____



Name of Organization: _____

Related Program(s): Identify other program(s) within this organization which is/are requesting funding from TWL during this funding period: _____

Related Organization: Identify any related organization or foundation that is also applying for funding this period: _____

Impact: How many people/clients will be served through this requested project? _____
What area(s) of Fayette County will be affected? _____

PREVIOUS FUNDING: List previous funding received from TWL, as follows: (attach sheet if more space is needed)

Year	Amount	Manner in which funds were used:
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

BUDGET/EXPENDITURES:

1. **Attach a copy** of most recent accounting for expenditure of funds received in prior year(s).
2. **Attach a copy** of organization operating budget, including project or item(s) for which this organization is seeking funding. Detail all sources of funding or income.
3. **Attach a copy** of most recent financial statement (audited copy, or signed by Chief Financial Officer).
4. **Attach a list of scheduled fundraisers for 2010 and 2011, including dates.**

FORM OF PARTICIPATION: As a potential recipient of funding made possible by TWL annual fundraiser, members of this organization are willing to support TWL as follows:

- Donate auction item(s)
- Provide volunteer labor for: (please indicate approximate number of people and hours)

<u>Areas of Need</u>	<u># Volunteers</u>	<u># Hours/Volunteer</u>
<input type="checkbox"/> Mail outs (Assembly, addressing)	_____	_____
<input type="checkbox"/> Cleaning/preparation of gala facilities	_____	_____
<input type="checkbox"/> Decoration for gala	_____	_____
<input type="checkbox"/> Take-down of decorations	_____	_____
<input type="checkbox"/> Clean-up of facilities	_____	_____
<input type="checkbox"/> Other (attach explanation of how your charity can help and # of volunteers)		

Contact Person within Organization: _____

Telephone(s): _____ E-mail address: _____