



Women's Club Charities, Inc.

It is the MISSION of the Heathrow Women's Club Charities to contribute to the health and welfare of women and children in Seminole County, financially and with the time and talent of our members.

CHARITY APPLICATION

HWCC, Inc. Criteria for Consideration

- 1. Charity must benefit women and/or children of Seminole County**
- 2. Charity must not have any religious or political affiliations**
- 3. Funding provided can not be used for administrative costs**

I. ORGANIZATION INFORMATION:

Legal Name: _____

Representative Name: _____ Title: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Email: _____ Website: _____

Year Founded: _____ Are you a 501(c)(3): _____ EIN #: _____

Mission Statement: _____

II. PROJECT(S):

Description of Proposed Project A: _____

Expected Budget: of Project A: _____

Target Population: _____

of People to be Served: _____ Geographic Area: _____



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Description of Proposed Project B: _____

Expected Budget of Project B: _____

Target Population: _____

of People to be Served: _____ Geographic Area: _____

Description of Proposed Project C: _____

Expected Budget for Project C: _____

Target Population: _____

of People to be Served: _____ Geographic Area: _____

III. POSSIBLE VOLUNTEER OPPORTUNITIES FOR OUR MEMBERS:

IV. REQUIRED DOCUMENTATION:

1. LIST OF THE 10 LARGEST INCOME SOURCES FROM THE PREVIOUS YEAR
2. 501(c)(3) DETERMINATION LETTER (IF APPLICABLE)
3. IRS 990 FORM FROM MOST RECENT YEAR
4. CURRENT OPERATING BUDGET
5. LIST OF BOARD MEMBERS



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V. IF AN EXISTING HWCC, INC. FUNDED CHARITY:

Description of Previous Years' Project Funded by HWCC, Inc. and Itemized Expenditures:

If more room needed, please attach copies of your documentation.
