

Legal Name of Organization:		
DBA:(if applicable)		EIN:
Street Address:		
City:		
Organization Contact:		
Contact Title:		
Contact Telephone Number:		
Contact Email Address:		
Charity Guild Sponsor (active mer	nber):	



Please provide all information requested and attach required documents.

Legal Name of Organization:	
	EIN:
(if applicable) Street Address:	
	State: Zip Code:
Phone: Website:	
CEO/Executive Director:	
CEO/ED Phone: CEO/E	D Email:
Organization Contact Name:	
Contact Title:	
Contact Phone: Contac	ct Email:
Grant Amount Requested: \$	Organization's Fiscal Year
Purpose of Grant:	



Mission Grant Alignment:

Briefly state the organizations' mission and describe how the grant request complies with that mission in a way that will be meaningful to others who are learning about it for the first time. (Limited to the space provided.)

<u>Additional Information</u> : Total number of children served by the organization:				
Number of children who will benefit from this grant:				
0-5 years 6-11 years 12-18 years				
Is the organization a United Way agency? Yes No				
Does organization have IRS designation as 501©(3) charity? Yes No				
What percent of the board members donate to the organization?				
How many volunteers does your organization have?				
Briefly describe how volunteers are used (Limited to the space provided.)				



Organization Name: _

Describe **specifically** how the organization will use the requested funds. *(Limited to the space provided.)*

I certify that I have read and approved this request.

CEO/Executive Director Signature

Date

Printed Name of CEO/Executive Director

© Charity Guild of Catholic Women - 1203 Lovett Boulevard, Houston, TX 77006