



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

WAHHI grants will be given to projects which embody 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 **February 28, 2019**, 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 Tamra Avrit, Grants Committee Chair, at 571-344-1624 or [tamra@wahhi.org](mailto:tamra@wahhi.org) with questions.



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

**2019 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**

\_\_\_\_\_

**Please Print Name and Title**

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

\_\_\_\_\_

**Signature of Board Chair or Officer**

\_\_\_\_\_

**Please Print Name and Title**

**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 by February 28, 2019 and may be mailed to the address below or emailed to tamra@wahhi.org.**

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

*Attn: Grants Committee*

*PO Box 5105*

*Hilton Head Island, SC 29938*

**Contact Tamra Avrit, Grants Committee Chair, at 571-344-1624 or tamra@wahhi.org with questions.**