



Charity Guild
OF CATHOLIC WOMEN

Benefitting Houston's children in need

Children's Charities Grant Application
2019-2020

Legal Name of Organization: _____

DBA: _____ EIN: _____
(if applicable)

Street Address: _____

City: _____ State: _____ Zip Code: _____

Organization Contact: _____

Contact Title: _____

Contact Telephone Number: _____

Contact Email Address: _____

Charity Guild Sponsor (active member): _____



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2019-2020

Please provide all information requested and attach required documents.

Legal Name of Organization: _____

DBA (if applicable): _____ EIN: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Website: _____

CEO/Executive Director: _____

CEO/ED Phone: _____ CEO/ED Email: _____

Organization Contact: _____

(if not CEO/Executive Director)

Contact Title: _____

Contact Phone: _____ Contact Email: _____

Grant amount requested: \$ _____ Organization's Fiscal Year: _____

Purpose of Grant: _____



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Mission-Grant Alignment:

Briefly state the organization's 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.)

Additional Information:

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(c)(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.)*



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

Organization Name: _____

I certify that I have read and approved this request.

CEO/Executive Director Signature

Date

Printed Name of CEO/Executive Director