

**JUNIOR WOMAN'S CLUB OF MEQUON-THIENSVILLE
PHILANTHROPIC DONATION COMMITTEE
FUNDING APPLICATION**

Organization Name and Address: _____

Are you a 501(c) (3) organization (Y/N)? _____ **Dollar amount requested: \$**_____

Is your organization requesting Emergency funding (Y/N)? _____

Program or Project Name: _____

Program or Project Objective: _____

Is the program or project content non-religious and open to clients regardless of their religious preferences? (Y/N)_____

What community (ies) (i.e. Mequon-Thiensville, Ozaukee County, Southeastern Wisconsin) will receive the benefit of this program or project?

Has your organization received donations from the Junior Woman's Club in the past? If yes, indicate program name, year, and dollar amount.

Will your organization receive money from other donors for this program or project (Y/N)? _____
If yes, please identify the other donors_____

Explain how a donation from Junior Woman's Club will have an impact on the program or project? _____

When does your organization expect to implement this program or project? _____

How will the monies be used? Is this a general operating or capital campaign needs grant request? _____

What members of the community are specifically targeted for this program or project (i.e. children, women, seniors)? _____

Please use the space below to comment on the expected impact and outcome that the program or project will have on the community. Your comments should specifically address the following questions as well. How does your program or project provide a new opportunity to address existing or emerging concerns of the community? How does your program or project address critical human or community need? How does your program or project address specific training or educational needs of program participants?

Mail completed form to: Junior Woman's Club of Mequon-Thiensville
President-Elect
PO Box 123
Mequon, WI 53092

COMMITTEE USE ONLY

Received Date: _____

President-Elect Letter

Member _____

