



The GFWC Women's Club of South County, Grow Hope Grants Program

The GFWC Women's Club of South County brings together women of diverse backgrounds to provide community support through volunteerism, provision of grants to local non-profit agencies, and awards of educational scholarships to women in need. We are proud to be affiliated with both the International General Federation of Women's Clubs and the statewide General Federation of Women's Clubs, Rhode Island. Visit our South County Women Club's [website](#) for more information.

The Grow Hope Grants program is a major community outreach effort of our local Women's Club. Over the last 20 years, our club has raised hundreds of thousands of dollars via our signature annual fundraiser, the Book & Author Luncheon. The funds raised through these efforts have enabled our club to support numerous new and well established initiatives of Washington County non-profit organizations and their services/programs aimed at improving the lives of residents of Washington County, particularly, its women and children.

***In 2021 our Grow Hope Grants will focus on four priority areas:
food, housing, mental health and domestic violence.***

2021 Grow Hope Grants Giving Guidelines

1. All grantees must be 501(c)3 organizations with programs directly benefitting Washington County communities and residents. Include a copy of your Rhode Island 501(c)3 certificate with your RI mailing address along with your grant application.
2. In 2021 our grants will focus on those organizations and programs that directly support food insecurity, housing (permanent or temporary), improving mental health, and reducing domestic violence.
3. Grants will be given for programs or hard goods only and not for general operating costs.
4. Grants are awarded on an annual basis and will go up to no more than \$3,000 each.
5. Our policy prohibits awarding grants for religious or political purposes. However, programs that directly serve our community, and are physically located in a house of worship, may be funded.
6. **APPLICATION DEADLINE: September 30, 2021** **NOTIFICATION:** November 2021
DISTRIBUTION: January/February 2022
7. **Completed applications are to be emailed to: GrowHopeGrantskh@gmail.com**

Thank you,

Kim Hanson, Chair, Grow Hope Grants



General Federation of Women's Club – Women's Club of South County

2021 GROW HOPE GRANTS APPLICATION

Name/Title of Contact
Person _____

Email and phone # of Contact Person _____

Detailed Application Information

1. Legal Name of Organization: (Name appearing on your IRS Tax-exempt Determination Letter)

2. Mailing address _____

3. Does your organization have a current 501(c)3 status? _____YES _____NO

4. Federal Employer Identification Number of the organization: (Attach a copy of 501(c)3 IRS tax certificate)

5. Provide a current 990 tax return or, if available, an audited financial statement summary*

6. Provide a current List of your organization's Board of Directors

7. What is the Mission Statement of your Organization?

8. How many people does your organization serve each year? _____

9. Number of paid employees: Full time: _____ Part time: _____

10. Number of volunteers: _____

Duties/activities performed: _____

11. In 50 words or less, please provide a detailed description of your grant request: i.e. amount requested; what specific program or purchase will this grant help support, clarifying exactly how funds will be used. If available, please attached a program brochure,

12. Target Population/Community to be served by this grant: _____

13. Will this program provide a measurable benefit/impact for women and children in South County? If so, how?

14. Is your organization seeking and/or regularly receiving funding for this program from another source(s)? Please provide details or additional documentation:

15. Is this organization a previous GROW HOPE GRANT recipient? Yes____ No____

If your answer is yes, please provide the following: Year_____ Amount _____

What program/activity:

16. How did you hear about Grow Hope Grants?

Club Member/Name _____

GFWC Website _____

News Media/Name _____

Friend/Family _____

Another Non-profit _____

YOUR Organization's Authorized Signature: _____

(Please print) Name: _____

Title: _____

Date: ___/___/___

**If your organization does not have a Form 990 tax summary page or an audited financial summary statement, please contact us at GrowHopeGrantskh@gmail.com to discuss what might be readily available to be used instead.*

IMPORTANT NOTE: ONLY FULLY COMPLETED APPLICATIONS WILL BE CONSIDERED