



Women’s Health Grant Application

Thank you for your interest in Greenwood Women Care’s Women’s Health Grant.

Before submitting this application, please send a letter of intent to gwc@greenwoodcf.org, briefly summarizing the need to be addressed and describing the project you propose.

If you are invited to submit the full application, please save this form on your computer (as a PDF file), fill out all fields electronically, and save the completed form. Email the completed form with your organization’s IRS letter for tax-exempt status and the annual budget for your organization to gwc@greenwoodcf.org **by 5 pm on March 14, 2025**. Each document should be a separate attachment to the email.

If you have questions about this application or our granting process, please contact Jan Puzar (864.344.7842 or janpuzar@gmail.com), Marilyn Murphy (864.543.4472 or mmurphy@wctel.net), or gwc@greenwoodcf.org.

1) Contact Information	
Organization	
Legal name:	
Street address:	
City, State ZIP:	
Mailing address (if different):	
City, State ZIP:	
Website	
Executive Director	
Name:	
Email Address:	
Phone - Cell and Office:	
Person responsible for project implementation	
Name:	
Email Address:	
Phone - Cell and Office:	
Board Chair	
Name:	
Email Address:	
Organization EIN (Fed Tax ID):	

2) Grant Amount Requested (max. \$5,000):

\$ _____



3) Organization Overview

Provide a brief description of your organization, highlighting its work in women's health (limit – 1640 characters, with spaces).

4) Target Population

Describe the population to be served by this project (limit – 825 characters, with spaces).

5) Need or Opportunity to be Addressed

Briefly describe the need or opportunity to be addressed by this project (limit – 1900 characters, with spaces).



6) Goals / Implementation Plan

Describe your goals and your plan for implementing the project (limit – 3000 characters, with spaces).

Projected start _____ Projected duration _____

7) Measurement of Success

Describe the methods you will use to measure the success of this project (limit – 1900 characters, with spaces).



8) Project Expenses and Sources of Funding

8A. Please estimate the total projected costs of the project: \$ _____

(Note that the total costs of the project may be greater than the amount you are requesting.) If this is an ongoing project, please estimate the annual cost: \$ _____/year

8B. If you receive this grant, please describe how you expect the funds to be used.

Category	Details	Amount
Administrative:		\$
Equipment:		\$
Fees:		\$
Materials/supplies:		\$
Operating expenses:		\$
Publicity/outreach:		\$
Salaries or stipends:		\$
Services:		\$
Other (specify):		\$
Total requested from the GWC Women's Health Grant:		\$

8C. In addition to the funds requested from GWC, will other sources of funding be available for this project?

Funding Source	Committed (Funds that have been awarded or already received for this project)	Projected (Funds applied for or expected but not yet confirmed)
Fundraising events or fundraising campaigns	\$	\$
Income from your organization's activities (sales, participation fees, etc.)	\$	\$
Donations/gifts	\$	\$
Grants from other organizations (specify)		
	\$	\$
	\$	\$
Other (specify)		
	\$	\$
TOTALS	\$	\$



9) Submission of Application

Please submit the following documents as separate attachments. Email to gwc@greenwoodcf.org by 5 pm on March 14, 2025.

- This application form
- Annual budget for the organization
- Proof of IRS tax-exempt status (IRS letter)

10) Agreement and Signature

By submitting this application, I affirm that the facts set forth in it are true and complete.

Name: _____

Title: _____

Type name as signature: _____

Date _____

MM/DD/YYYY

Thank you for submitting your grant application.

Greenwood Women Care

An initiative of
Greenwood County Community Foundation
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Greenwood, SC 29646
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gwc@greenwoodcf.org