GFWC Women's Civic League of Cheyenne

Community Service Program Committee Grant Application

Grant application for Community Service Program Committees and Subcommittees: Arts and Culture, Civic Engagement and Outreach, Environment, Education and Libraries, and Health and Wellness.

Please print or type the requested information.

Name of Committee for grant consi	iderati	on:		
Degranding and indication and				
Requesting organization name: Mailing address:				
City:	Zip:	l n	Telephone number:	
Contact name:	Zip.		relephone number.	
Contact title:				
E-mail address:				
2 man address.				
Mission of requesting organizati	on:			
1 0 0				
D : 1: CD : 1/D	1			
Description of Project/Program location for which funds are	ana			
requested. If more space is need	lod.			
attach additional page(s).	ieu,			
attach additional page(s).				
Amount requested: \$		Total cost of pr	oject: \$	
What other sources of funding w	vill	•	•	
you have to support the project?				
77 1 111 6. 6				
How many people will benefit fr	om			
this project? Please describe.				
Is there additional information				
about this project or your				
organization that would help us				
make our decision? If more spa	ce is			
needed, attach additional page(s				
, rost				
Is your organization non-profit		Yes No		
and/or tax exempt?				
Tay Identification Number (TIN).			

GFWC Women's Civic League of Cheyenne Community Service Program Committee Grant Application Form updated: May 2021

Page 2 of 2

Is your organization tax supported	Yes	No	If yes, please explain.
or affiliated with any tax-supported			
institution, i.e., federal, state,			
county, or city government?			

If funding is granted, I/we agree to provide a full accounting of expenditures to GFWC Women's Civic League within one (1) year of receiving funds. Having read and understood the requirements of this application and verifying all statements are true to the best of my/our knowledge I/we submit this application for review by the committee. I/we also grant GFWC Women's Civic League of Cheyenne permission to use our name and photo, if relevant, for publicity purposes.

Title/position:	
Name printed:	
Signature:	
Date signed:	

Please send completed application to:

GFWC Women's Civic League of Cheyenne P. O. Box 4062 Cheyenne, WY 82003