

**PALOS VERDES JUNIOR WOMEN'S CLUB  
FULL PROPOSAL GRANT APPLICATION  
P.O. Box 1, Palos Verdes Estates, CA 90274**

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*To assist the Palos Verdes Junior Women's Club in reviewing grant applications in a consistent and fair manner, please complete and submit 4 full copies, as well as an electronic copy sent to the Philanthropy Investigation Chair, with all attachments of the following full proposal and application, including a cover letter signed by the executive director or authorized agent, for receipt no later than August 1st. Please answer the questions within the space provided and be sure to follow the guidelines for the grant request attachment. You may attach additional printed information such as a brochure, but please limit specific, word-processed information to your cover letter, application, and grant request attachment.*

**ORGANIZATION:** \_\_\_\_\_

**EXECUTIVE DIRECTOR:** \_\_\_\_\_

**CONTACT PERSON:** \_\_\_\_\_

**TELEPHONE:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**E-MAIL:** \_\_\_\_\_

**WEB SITE:** \_\_\_\_\_

**Please provide a description of your organization, its mission, its services, and the population served.**

**Please write a brief summary statement of your grant request highlighting the needs or problems you are specifically trying to solve.**

*Please attach a description of your specific grant request including an overview of the program or project for which funding is sought, the needs being addressed by your request, the specific services to be provided, and detailed information about the geographic area and gender, ages, and other pertinent information for the population served (maximum two 12 pt. type regular single spaced pages).*

Program/Project Amount:   
Requested amount as a percentage of expected revenue

Requested Amount:

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What are the measurable results of this program/project? Please include information about the outcome expected of the participants (i.e. attitude or behavior changes). Include your plans to measure the success of this outcome and explain what role the population/community served play in any evaluation.

**STAFF AND VOLUNTEERS:**

|                             |  |
|-----------------------------|--|
| Full-time Staff:            |  |
| Part-time Staff:            |  |
| Total Number of Volunteers: |  |

**POPULATION SERVED ANNUALLY:**

|                              |      |
|------------------------------|------|
| Percent Adult Men:           |      |
| Percent Adult Women:         |      |
| Percent Children (under 18): |      |
| Total =                      | 100% |

Number of individuals served by the organization annually:

Population served by program/project:

Number of individuals you expect your grant project to serve within one year:

Please list the organization's top three sources of funding including amounts

| Source | Amount |
|--------|--------|
|        |        |
|        |        |
|        |        |

Does your organization receive government funding (i.e. from federal, state or local government funding streams)? If so, what type, through what avenue and how much?

Please list the organization's top three expenses including amounts. Indicate whether the expenses were unusual.

| Expense | Amount | Unusual? |
|---------|--------|----------|
|         |        |          |
|         |        |          |
|         |        |          |

Does your organization charge clients any fees for any of its programs or services? If yes, which programs, how much is charged, and what is the basis upon which the charge is determined?

**Does your organization conduct fund-raising events? If so, what are they and how much does each event raise?**

**Do you pay individuals to raise funds for your organization? If so, please describe:**

**What would happen if we were unable to fund your grant request or were only able to partially fund your request?**

**Please include the following attachments with your application. If a requested document does not apply to your organization, please include a brief statement of explanation in lieu of the document. Please remember that incomplete applications cannot be considered for funding.**

- Cover Letter Signed by Authorized Agent**
- Most Recent Auditor's Report**
- Most Recent 990 Tax Return**
- Profit and Loss Statement for Most Recent Full Fiscal Year (Audited or Unaudited)**
- Current Fiscal Year Proposed Budget**
- Current Fiscal Year Funding Sources including amounts**
- List of Donors over \$1,000 with donation amounts (for most recent Fiscal Year)**
- Pertinent Printed Agency/Program Brochures and Information**

**Annual Reports from Previously Funded Grantees**

Annual reports are required at the end of each fiscal year. If your organization was previously funded by the Palos Verdes Junior Women's Club, please provide us with a detailed description of the program/project funded, the total cost of the program/project, the amount of funding we provided, and the measurable outcome(s) of this grant (for the fiscal year-end in which the funds were received).