

## GRANT APPLICATION FORM – 2025

**Grant Application deadline is April 1, 2025**

Grants can be submitted no later than 4/1/2025 to the address below:

Caring Women’s Connection, PO Box 234, Lake Zurich, IL 60047

or emailed to grants@caringwomensconnection.com

Once we receive your application you will receive an email confirmation within 48 hours. If you do not receive confirmation, it is your responsibility to follow up with our Grant Committee at grants@caringwomensconnection.com

## All information submitted to the Caring Women’s Connection would be held in the strictest of confidence.

Application Procedure

Caring Women’s Connection’s Grant Selection follows our organization’s mission of *serving women and children and other community programs in need living in Lake County Illinois*. Lack of approval should not be considered a reflection upon the merits of a proposal. There are limited funds for distribution and CWC cannot fund all requests.

* Complete all pages of the attached application.
* Provide a copy of your IRS Classification letter evidencing 501(c)3 tax-exempt status.
* Provide a copy of your Illinois Charitable Organization Annual Report

If a personal interview or on-site visit is needed, we will initiate the appointment.  
  
Every grant request is examined and evaluated by the CWC Board. As soon as the Board decision has been finalized, applicant will be notified by email.

All questions regarding the CWC's grant procedures should be addressed to the CWC President.

CWC Grant Application Cover Sheet

**Date of application: \_\_\_\_\_\_\_\_\_\_\_**

**Organization name: ­­­­­­­­­­­­**

**Tax Exempt Status:**

**Year organization was founded:**

**Address:**

**Phone number:**

**Contact person and title:**

**Email address:**

**For Grant Request**

**Project Title:**

**Total Project Budget:**

**Amount of your request to CWC**

Background

**Summarize your organization’s Mission: (2-3 sentences max):**

**Services Provided:**

**Area Serviced/Target Population:**

**Key Achievements in the past 2 years:**

**If you have received prior funding from CWC, how have you utilized the grant? If available, please include data, samples or photos showing the CWC grant in use)**

Financial Summary

Provide the following information as it pertains to your whole organization.

|  |  |  |  |
| --- | --- | --- | --- |
| **2024: Funding Sources** | | | |
|  | Amount | Percentage of Total |  |
|  |  |  |  |
| Special Events |  |  |  |
| Corporations/Foundations |  |  |  |
| Individuals |  |  |  |
| Government Grants |  |  |  |
| Earned Income |  |  |  |
| Interest |  |  |  |
| Houses of Worship |  |  |  |
| Clubs |  |  |  |
| \*\*\*Add or subtract categories |  |  |  |
| \*\*\*as required |  |  |  |
|  |  |  |  |
|  |  |  |  |
| **Total** |  |  |  |
|  |  |  |  |
| **2024: How Funding Was Used** | | |  |
|  | Amount | Percentage of Total |  |
|  |  |  |  |
| Administration |  |  |  |
| Fundraising |  |  |  |
| \*\*\*Add categories |  |  |  |
| \*\*\*as required |  |  |  |
|  |  |  |  |
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|  |  |  |  |
|  |  |  |  |
| **Total** |  |  |  |

Grant Request Details

**Project Title:**

**Grant Request Narrative (include project description, timeline and goals):**

**Total Project Budget:**

**Amount Requested from CWC:**

**Explain how the funds from the grant will meet the mission of CWC by helping women and children in need living in Lake County and/or help other Lake County community programs serving this population.**