

# Sumter Junior Welfare League

## Grant Application

Organization: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Director: \_\_\_\_\_

Telephone: \_\_\_\_\_

Contact Person for This Grant: \_\_\_\_\_

Telephone: \_\_\_\_\_

Is this a private, non-profit organization? \_\_\_\_ yes \_\_\_\_ no

Do you have a current 501C status? \_\_\_\_ yes \_\_\_\_ no

(Please attach a copy)

Organization's Mission Statement: (separate sheet may be attached if necessary)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

List the current funding sources for this agency: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Amount of funding requested: \_\_\_\_\_

Please provide a narrative description of how the requested funds would be utilized. If funds are being requested for equipment purchase, please indicate how the organization would benefit from the equipment.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Who will benefit from this project?

\_\_\_\_\_  
\_\_\_\_\_

Are volunteers currently used by this organization? \_\_\_\_ yes \_\_\_\_ no

If yes, please describe volunteer activities:

\_\_\_\_\_  
\_\_\_\_\_

Executive Director's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Grant Administrator's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Mail completed application to: Bronwyn McElveen  
12 Frank Clarke St.  
Sumter, SC 29150