



GRANT APPLICATION

Eligibility to Apply:

Primarily serve to empower women and girls whether through education, development, mentoring, life transitional services or leadership

Name an intended project or administrative use for the funds

Funds may not be used for faith based or political projects (see below for details)

Please ensure the following before proceeding:

- You are a registered and current 501(c)3 charitable non-profit with an IRS Tax ID
- Your service area is the Texas counties of Harris, Galveston and Brazoria
- Your purpose fits with TWIB eligibility
- You will provide your last audited/signed accounts and your most recent filed form 990

Candidates must be in good standing as a charitable 501(c)3 up to and through the receipt of funds transfer.

Name of your organization:

Organization Contact (name, position):

Office Phone:

Mobile Phone:

Organization Physical Address:

Email:

501(c)3 Tax ID#:

1. What are the goals of your organization?

2. Briefly describe (a) the project or service on which you would use the funds (please include total cost of project, tools, program materials, etc. or portion thereof), (b) whether this is an ongoing project or (c) whether the funds would be used to offset ongoing operation expenses.

3. How would the funds benefit those eligible (please provide available numbers, age, gender, area of service)?

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| <p>4. What is the structure of your organization including any salaried staff?</p> |
| <p>5. Do you have policies for child protection and vulnerable adults ? YES / NO</p> |
| <p>6. Are any premises to be used accessible to people with disabilities? YES / NO</p> |
| <p>7. Are you a faith based or political organization? YES / NO</p> <p>If yes, your organization may still be eligible <u>IF</u> the project or intended use of the funds will not be used to promote a religious or political purpose. By way of example for eligibility: A church project or a young Americans political organization project to fund a community literacy program might qualify. Please be explicit when describing your project in Question 2 above</p> |
| <p>7. Do you currently have a method to evaluate the work for which you are applying?</p> |

Please use this form when submitting your application. However, you are welcome to provide supporting information to help us better understand your funding purpose. Send your completed application, a copy of your Form 990 for the most recent past year and all other required documentation to:

JoAnn Zeisig, TWIB -BAH Philanthropy Board
joann@elevationeventmgmt.com

By signing below, the submitting organization represents that it meets the legal requirements as a 501(c)3 in good standing and understands the TWIB eligibility requirements. The organization will notify TWIB of any change to their 501(c)3 status or content of this application in a timely manner. Any change(s) could make your organization ineligible to receive any Grant award that may have been designated for or notification made to your organization.

SIGNED BY:
Submitting Organization Authorized Representative: _____ Date _____

After receipt and review, a TWIB Philanthropy Committee Member will contact you to request additional or updated information needed, advise any status of your application, and describe any next steps under which you may be eligible. TWIB Grants are awarded quarterly and your application may be considered across the calendar year distribution schedule.

TWIB Internal Use: Application Review assigned to: _____ Date: _____
Determination: _____ Date: _____
Notification to Org. _____ Grant Presentation Date If applicable _____