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## REQUEST FOR PHILANTHROPIC GRANT

Please answer all questions and send to one of the addresses below

Agency Name: \_\_\_\_\_ Tax ID# \_\_\_\_\_

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

Phone #: \_\_\_\_\_ Email Address: \_\_\_\_\_

Name of Executive Director: \_\_\_\_\_

Are you a non-profit 501 (c) (3) organization? \_\_\_\_\_

If not, supply charitable category identification: \_\_\_\_\_

How long has your organization been established? \_\_\_\_\_

If the contact making the request is not the Executive Director, please provide:

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Email address: \_\_\_\_\_ Phone# \_\_\_\_\_

What percentage of your yearly income is administrative overhead? \_\_\_\_\_

How many people receive your service? \_\_\_\_\_

What areas and counties do you serve? \_\_\_\_\_

Are any limitations placed on who can receive your services? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, explain:

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**Explain the objectives of your organization:**

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Dollar amount requested: \$ \_\_\_\_\_ Have you received a grant before from MWC? \_\_\_\_\_

If request approved, how would the donation from Mansfield Women's Club be used?

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**Return completed form to:**

**Gracelyn Shea, 1121 Colbi St., Kennedale, TX 76060 or by email sheagracyl@yaho.com**

**GRANT REQUESTS MUST BE RECEIVED no later than April 15, 2025**

MWC Liaison: Gracelyn Shea-sheagracyl@yaho.com

Date Approved by MWC Philanthropic Committee: \_\_\_\_\_ Amount Approved: \$ \_\_\_\_\_

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