



# GFWC Clearwater Junior Woman's Club, Inc.

A MEMBER OF THE GENERAL FEDERATION OF WOMEN'S CLUBS INTERNATIONAL

Established in 1955

[www.ClearwaterJuniors.org](http://www.ClearwaterJuniors.org)

P.O. Box 14554  
Clearwater, Florida 33766  
(727) 723-0888

EXECUTIVE COMMITTEE  
Beverly Brown  
Lauren Hershiser  
Rodie Lazaro  
Carolyn Waidley  
Susan McQueary  
Karem Fernandez

Christmas Under the Oaks  
Arts & Crafts Show

Safety Village

Girls Inc.

The Room That Love Built

Macy's Lights the Way  
Community & Business Partnership

Mary Clark Scholarship Program

Joseph Clark Memorial  
Scholarship

Doorways Scholarships

Parent University

Kathy's House

Race for the Cure

Operation Smile

One Voice for Children

Community Service Awards

Helping Hands Community  
Grants

Officer Friendly Bicycle  
Jamboree

GFWC Clearwater Juniorettes  
youth in volunteer service

Hugh O'Brian Youth Leadership

February 23, 2008

Dear Service Provider:

The GFWC Clearwater Junior Woman's Club, Inc. is pleased to offer the Helping Hands Community Grants program to non-profit groups for the 16th consecutive year. In the past 16 years, we have given over \$225,000 to deserving groups through our grant program. Please find an application for the 2008 grant program attached.

We have reviewed our grant program and its impact on the community. Applications will be considered from the following areas: the arts, conservation, education, home life, international affairs and public affairs. Grants in amounts up to \$2,500 each will be awarded. We are able to provide these grants as a result of the success of our annual arts and crafts show, Christmas Under the Oaks, held annually in November.

Your application must define and state the objectives of the project, how the project was selected and identify an evaluation plan and strategy for continual improvement. Grant recipients from 2007 are not eligible to re-apply this year.

The application deadline is Monday April 25, 2008 and all recipients will be notified by Monday, May 5<sup>th</sup>. The grants will be awarded at an evening reception, May 14<sup>th</sup>.

If you have applied in the past and not been awarded a grant, we encourage you to try again. Remember, you can only be awarded a grant if you apply for a grant! We welcome your participation in the Helping Hands Community Grants program and wish your organization continued success!

In community service,

Beverly Brown, President  
GFWC Clearwater Junior Woman's Club, Inc.

Enclosure: Application

# GFWC Clearwater Junior Woman's Club

## Helping Hands Community Grants

### APPLICATION

Applicant's Name \_\_\_\_\_

(circle one)

Contact Person \_\_\_\_\_ Telephone \_\_\_\_\_ Daytime / Evening

Mailing Address \_\_\_\_\_ Email Address \_\_\_\_\_

Project or Program Title \_\_\_\_\_

Funds Requested (up to \$2,500) \_\_\_\_\_ What is the total budget for this project? \_\_\_\_\_

Circle the one category below that best relates to your grant request:

Arts    Conservation    Education    Home Life    International Affairs    Public Affairs

Are you (circle one):    501(c)3    501(c)4    Other

What is the purpose of your organization? \_\_\_\_\_

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

Are you receiving money from other sources for this project? If so, please describe: \_\_\_\_\_

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

## **Plan for Improvement:**

Why was this project selected?

What are the objectives of your plan?

Who is the target group?

How many people will you reach?

## **List activities designed to meet your objectives and a projected time line.**

What specific steps will you take to make this idea become a reality?

List a schedule of significant events and projected dates.

## Proposed Evaluation Plan

How will you know if the project is successful?  
What are some strategies for continual improvement?

## Budget Detail

Include specific information such as materials and equipment along with sources of supplies and their costs. Categories could include materials, equipment, transportation, postage/ mailing, photocopying, etc.

ITEM	SUPPLIER	COST
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Total Funds Requested: \_\_\_\_\_

(This amount should also be listed on Page 1)

**List your current Board of Directors with addresses, telephone numbers, and term end dates.**

### **Certification**

The information contained in this request has been reviewed and is an accurate description of the project proposed for funding. We have read and understand the information and criteria for funding. If selected as a Helping Hands Community Grant recipient, we agree to abide by the criteria.

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Application Preparer Signature

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Supervisor Signature