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**2025/2026 NMWC CHARITABLE CONTRIBUTION REQUEST**

The North Mecklenburg Woman’s Club (NMWC) is organized to bring women together to promote and support social, educational, and civic progress in the community.

**2025/2026 APPLICATION REQUIREMENTS**

**Application cycle opens Sunday, June 1, 2025, and closes Tuesday, July 15, 2025, at 11:59 pm ET.**

**Send to: Catherine Graffy,** [charityrequest.nmwc@gmail.com](mailto:charityrequest.nmwc@gmail.com)

NMWC proudly announces an opportunity to apply for 2025/2026 charitable contributions. NMWC members believe that in creating a better life for people in our communities, we create a better life for each other. NMWC solicits applications from programs and projects which serve women, children, and families in North Mecklenburg and surrounding counties represented by our current membership.

To be considered for an award, applicant organizations for which funding is sought must operate in accordance with the NMWC mission of creating a better life for people in our community. Recipients of grants of $5,000 or more will be required to submit a Grant Status Report one year after receiving funds.

**Eligibility Criteria**

To be eligible for consideration, the following minimum requirements MUST be met:

* Have 501(c) (3) IRS determination and support social, healthcare, educational or civic progress in the community for women, children, and families.
* Provide services in North Mecklenburg County and surrounding areas.
* May not discriminate based on race, color, religion, national origin, disability, or any other status protected under law. However, organizations which serve a specific population, (e.g., women) will be considered.
* The ability to demonstrate a significant demand for services and the ability to respond.
* All information requested on the summary form and all the required attachments MUST be completed/submitted or the application will not be considered.

**Checklist for Completion of Application**

The NMWC application consists of the following components, which MUST be submitted. This checklist is provided to help ensure a complete proposal. If you’re missing a document, please explain why.

1. **NMWC Grant Summary and** **Narrative Topics**. There is a three-page limit for the narrative using 12-point font. Use the topic headings. (No need to include the questions.)
2. **Required Attachments:**

**•** High-level board approved organization’s operating budget for current year

• Project/Program Budget showing how grant requested funds will be used

• IRS 501(c)(3) Determination Letter

• Most current 990, 990Z or 990N in addition to most current Audit (if audit available)

• Board of Directors List with positions (include link to board member profiles if available online) and the percentage of the board making a financial contribution.

• Optional attachments (up to 2 accepted)

* This could be an annual report, letter of support from a community partner, brochure, reports for other grants, link to a video, etc., that will help us better understand who you serve, why, and how.

• Nondiscrimination Statement adopted by the Board of Directors

• Key Paid Staff (names and titles)

**Thank you for your interest in the NMWC. Applicants will be notified of their application status by November 1, 2025. Award dollar decisions will be made by our Board at the April 2026 meeting. The funds awarded are based on the annual fundraising total and will not exceed the requested amount. Monies will be disbursed from the NMWC Treasurer to approved charities in May 2026.**

**2025-2026 NMWC Grant Application**

**With a strong sense of stewardship, our grant-making process is conducted with integrity, respect, and fairness to all applicants.**

To be considered for a grant this year, please return, 1) this summary sheet, 2) your response to the narrative questions, and 3) the required attachments by July 15, 2025, to charityrequest.nmwc@gmail.com. Electronic submission is required.

**NMWC GRANT SUMMARY**

**APPLICANT:**

**Organization’s Legal Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Organization’s Mailing Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Name of Organization’s Executive Director or President: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Tax ID Number:** **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 501(c) (3)** **Tax Status? \_\_\_ Yes \_\_\_ No**

**Website:**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Year Founded:** **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Mission Statement:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Geographic Area Served:** (Counties where Clients live with estimated percentages. For Mecklenburg County, provide data for Charlotte and North Mecklenburg/Lake Norman area.)

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**CONTACT:**

**Contact Name/Title:** **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Phone Number:** **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Email Address:**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**GRANT REQUEST:**

**Program Name:**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Purpose of Grant (***one sentence***):**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**Prior Grants from NMWC (when/how much): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**Amount Requested**: **$\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Total Program Cost: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Current Operating Budget: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Program Start Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Planned Completion Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Expected Number of People Assisted:** \_\_\_\_ per week/month/year for \_\_\_ weeks/months/years.

**Check all that apply to your mission:**

**PRIMARY CLIENTS: SERVICES:**

Women\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Community Development \_\_\_\_\_\_\_\_\_\_\_\_\_

Children\_\_\_\_\_\_\_\_\_\_\_\_ Education\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Families\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Emergency Aid\_\_\_\_\_\_\_\_\_\_\_

Health Care \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Housing \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Social Services\_\_\_\_\_\_\_\_\_\_\_\_

**GRANT APPLICATION NARRATIVE (Your total response to Topics 1 - 7 should not exceed three pages using twelve-point font.)** Use the topic headings.

1. **ORGANIZATION OVERVIEW**

*Describe the purpose of your organization and the needs and population that you serve. Help us understand WHY your organization is important to our community. Please include the number of people served, the number of full and part-time paid staff, volunteers and volunteer hours donated, collaborations and partnerships and other quantifiable information which will help us evaluate the effectiveness of your organization.*

1. **CORE SERVICES**

*Describe your core services and/or models of service delivery. Help us understand HOW you achieve your mission.*

1. **PURPOSE OF GRANT**

*Please describe needs/problems to be addressed; target population and how they will benefit; project goals; measurable objectives; action plans; and whether this is a new project/program or an ongoing part of your organization. Acknowledge existing similar projects or agencies, if any, and explain how your agency collaborates or differs.*

1. **MEASURES OF SUCCESS**

*How do you know if your organization is achieving its mission? How do you gauge when you should adjust your services? Please provide quantitative data/metrics and qualitative outcomes/stories. What are the benefits to the North Mecklenburg community?*

1. **SUSTAINABILITY**

*If this will be an ongoing program, please include long-term strategies for funding this project at the end of the grant period.*

1. **PROJECT/PROGRAM FINANCIAL INFORMATION AND METRICS (Budget Narrative)**

*Outline all direct project/ program costs, other funding secured and its source(s), other organizations from which you are seeking funding and the amount(s). How many people will benefit from the project/program? What is the impact on your project/program if your request from NMWC is not fully funded?*

1. **ADVANCING YOUR MISSION**

*Are there volunteer/service opportunities within your organization for NMWC members? If so, please describe the service opportunities. (This is not a requirement for funding.)*

1. **CERTIFICATION**

*On behalf of our organization, I certify that the information contained in this application, including all attachments, is true and correct.*

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

**Signature, Executive Director, President or Authorizing Official**

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

**Printed Name/Position**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Address, City, Zip Code**